

**The Stone Mountain-Lithonia Alumnae Chapter of  
Delta Sigma Theta Sorority, Inc.**  
**School Official Recommendation Form**

I, \_\_\_\_\_, request that you complete this recommendation form, a requirement for my application for the 2009-2010 **Delta GEMS** Program. I understand that by signing this form I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the **Delta GEMS** Program.

\_\_\_\_\_  
(Signature of applicant) (Date)

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Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State GA Zip \_\_\_\_\_

The above student has applied to participate in the Stone Mountain-Lithonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc. 2009-2010 **Delta GEMS** Program. The selection committee is seeking a frank appraisal of the applicant's qualifications. The student's demonstrated academic ability, scholarship, leadership, character, and other pertinent facts are welcome evidence. This appraisal is confidential and will not be seen by the applicant.

*Please attach additional sheet(s) as necessary. **Enclose this form with your recommendation in sealed envelope and return to applicant.***

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Phone Email

\_\_\_\_\_  
Signature Date

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Printed Name Title  
\_\_\_\_\_  
Phone Email  
\_\_\_\_\_  
Signature Date

**The Stone Mountain-Lithonia Alumnae Chapter of  
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**Personal Recommendation Form**

I, \_\_\_\_\_, request that you complete this recommendation form, a requirement for my application for the 2009-2010 **Delta GEMS** Program. I understand that by signing this form I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the **Delta GEMS** Program.

\_\_\_\_\_  
(Signature of applicant) (Date)

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Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State GA Zip \_\_\_\_\_

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Printed Name Title

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Phone Email

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Signature Date