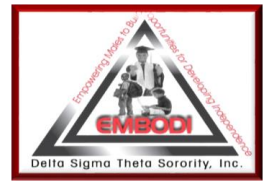




**Milwaukee Alumnae Chapter**  
Delta Sigma Theta Sorority, Inc.  
**P.O. Box 18630 Milwaukee, WI 53218**  
<http://www.dstmilwaukee.org>



### SCHOOL INFORMATION

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

GPA: \_\_\_\_\_ (for information purposes only)

School Address: \_\_\_\_\_

Name of High School Counselor: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Favorite Subject(s): \_\_\_\_\_

Subject(s) in which I have the most problems: \_\_\_\_\_

Please list extra-curricular activities in which you participate (indicate offices held, if applicable). You may attach a sheet to the application if more space is needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CAREER ASPIRATIONS

Desire to go to college: No  Yes  Prospective College: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

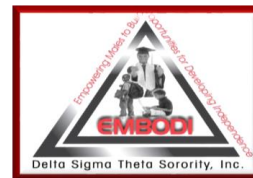
Education/Career plans after graduating from High School \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you be interested in attending a College Tour if offered by the program? Yes  No

Would you be able to attend one Saturday a month to participate in the community service activity at various locations? Yes  No

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**Please complete only if you are applying for GEMS or EMBODI**

**Essay**

*On a separate sheet of paper, answer one of the following essay questions, put it in typed essay format, and attach your response to the application. Your response should be no more than 200-300 words in length (no more than one page).*

- (1) In your opinion, describe two or three ways in which your participation in this program might help you become a more effective leader in your current or future roles at your school.
- (2) What is your dream career aspiration? Do you feel it can make a positive impact to our community, society, country or globally? If so, explain how and why?

**Statement of Applicant**

**I hereby state that the information on this application is true and complete. I also do hereby agree to make the necessary commitment to attend as well as participate in each scheduled session/activity.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions or additional information, please email **youth coordinators:**

**\*\* Kanika Burks & Hope Greene [DeltaAcademy.dstmke@gmail.com](mailto:DeltaAcademy.dstmke@gmail.com)**

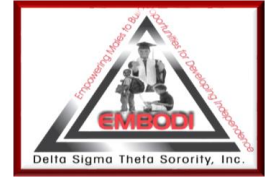
For questions or additional information, please email **GEMS coordinators**

**\*\* Michelle Helm & Debbie Ivy [DeltaGems.dstmke@gmail.com](mailto:DeltaGems.dstmke@gmail.com)**

For questions or additional information, please email **EMBODI coordinators**

**\*\* Semeca Gray & D'shaunta Stewart [Macembodi.dstmke@gmail.com](mailto:Macembodi.dstmke@gmail.com)**

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**Parental Consent Form**  
 (To be completed and signed by parent/guardian)

**Emergency Medical Information**

In order to meet all legal requirements, I hereby authorize the members of the Milwaukee Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to give consent for my son to receive any and all emergency medical care at my expense. In the event that I cannot be reached to make emergency medical care arrangements at the time of illness or accident, I hereby authorize the emergency contact persons listed below to take my son or daughter to the nearest hospital or medical facility. In the event they are also not available, I then authorize the members of the Milwaukee Alumnae Chapter of Delta Sorority, Inc to take my son or daughter to the nearest hospital or medical facility.

**Emergency Contact Person (Please list two (2)):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_

I hereby give permission for my son/daughter \_\_\_\_\_ to participate in the 2017-2018 youth programs with Delta Sigma Theta Sorority Inc. I understand that it is my sole responsibility to transport my child to and from any related activity. I agree that I will make all arrangements for a competent adult to be responsible for transporting my child to and from events in my absence. I further understand that the program is sponsored by a local chapter of Delta Sigma Theta Sorority, Inc. (a national Sorority) and may be filmed, videotaped or digitally reproduced by the Sorority. Thus, I hereby sign my signature below to release, acquit, waive and forever discharge Delta Sigma Theta Sorority, Inc. and the Milwaukee Alumnae Chapter of Delta Sigma Theta Sorority, Inc., its Board members, officers, assigns and individual members from all, and any manner of actions, cause and causes of actions that may arise from loss of property, personal injury or use of likeness arising out of my son or daughter's participation with the youth programs.

Printed name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_