# Milwaukee Alumnae Chapter

Delta Sigma Theta Sorority, Inc.

P.O. Box 18630 Milwaukee, WI 53218

http://www.dstmilwaukee.org

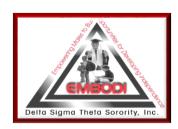
# **PROGRAM APPLICATION**



Delta Academy Girls 11-14 Years Old



**GEMS Girls**14-18 Years Old



EMBODI Boys 14-18 Years Old

Application must be filled out **COMPLETELY** and can be typewritten or printed clearly.

Incomplete applications will not be accepted.

# **APPLICANT INFORMATION**

Name:			
Last	First	MI	
Home Address:			
Street		City, State, and Zip	
Date of Birth:	Age:		
one Number: Alternate Phone Number:			
E-mail Address (Delta Gems and E	mbodi):		
Name of Parent(s) or Guardian:			
Parent Primary Telephone:			
Former Delta Academy, GEMS, or	EMBODI Participant: N	Io □ Yes □ Year(s):	
Currently employed: No $\Box$ Yes $\Box$	If Yes, avg. hours wo	orked per week:	

PLEASE MAKE SURE EMAIL ADDRESSES ARE ACCURATE (BOTH STUDENT AND PARENT)







# **SCHOOL INFORMATION**

Name of School:	Grade:
School Address:	
Name of High School Counselor:	Telephone:
GPA: (for information purposes only)	
Favorite Subject(s):	
Subject(s) in which I have difficulty:	<del></del>
Please list extra-curricular activities in which you partic You may attach a sheet to the application if more space	
CAREER ASPIRAT	<u>'IONS</u>
Desire to go to college: No $\square$ Yes $\square$ Prospective Co	llege:
Major: Minor:	
Education/Career plans after graduating from high sch	nool:
Would you be interested in attending a College Tour if	f offered by the program? Yes □ No□
Would you be interested in participating in a communi	ity service activity one Saturday a month
(locations will vary)? Yes □ No□	







### **ESSAY**

## (For Delta GEMS and EMBODI Applicants Only)

In a separate document, 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 Student**

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, pleas	e email your corresponding Youth Coordinators:

# Delta Academy:

Kiana Durham and Promise Triplett - DeltaAcademy.dstmke@gmail.com

#### **Delta Gems:**

**Debbie Ivy and Sandra Landry Riley** DeltaGems.dstmke@gmail.com

#### EMBODI:

D'shaunta Stewart Macembodi.dstmke@gmail.com







# 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 daughter/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 daughter/son 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 the 2023-2024 youth programs with sole responsibility to transport my o all arrangements for a competent a events in my absence. I further und Delta Sigma Theta Sorority, Inc. (a r reproduced by the Sorority. Thus, I and forever discharge Delta Sigma T Delta Sigma Theta Sorority, Inc., its from all, and any manner of actions property, personal injury or use of I the youth programs.	n Delta Sigma Theta Sorority In child to and from any related a dult to be responsible for tran erstand that the program is spational Sorority) and may be finereby sign my signature belout Theta Sorority, Inc. and the Mi Board members, officers, assign, cause and causes of actions to	nc. I understand that it is my activity. I agree that I will make asporting my child to and from consored by a local chapter of filmed, videotaped or digitally ow to release, acquit, waive lawaukee Alumnae Chapter of gns and individual members that may arise from loss of
Printed Name of Parent/Legal Guar	dian:	
Signature of Parent/Legal Guardian		Date: