



Application for Delta Academy II – Delta GEMS program

Please type or print legibly in black ink, and answer all questions. Please submit a recent photograph with application.

Applicant's Name: _____
Last First Middle

Date of Birth _____ Grade _____

Address: _____ Apt/P.O.Box _____

City: _____ State: _____ Zip Code: _____ Telephone: _____
Area Code Number

School _____
Name Address Phone

Counselor _____ Overall GPA _____

(If GPA is below 2.75 please submit an extra essay to explain your GPA and your intention to maintain grades above C's.)

Parent(s)/Guardian(s) Name: _____

In school, I sometimes have difficulty with _____

Please list other organizations you are involved with:

The Delta GEMS program has been explained to me. _____ Yes _____ No

I understand the purpose of the Delta Academy II-Delta GEMS, and I intend to fulfill my responsibilities in partnership with Delta Sigma Theta Sorority, Inc., Kalamazoo Alumnae Chapter.

Applicant's Signature

Date

I have read and understand the purpose of Delta Academy II-Delta GEMS program and give my consent for my daughter to participate. In granting permission, I understand that, for the protection of both my daughter and Delta Sigma Theta Sorority, Inc. Kalamazoo Alumnae Chapter; the sorority and its representatives will supervise all activities; all activities will take place in a public setting.

Parent's Signature

Date

Applicant Essay: Submit a typed essay about yourself and why you wish to be a Delta GEMS member, and attach it with you application. Please answer the following questions within your essay: Who are you? What can you do to support this organization? What community service (volunteering) have you participated in? What would you like to get out of this organization? Are you able to respect authority and keep a positive attitude? What would you do if you were in conflict with another person? This essay represents you, be sure to check for grammar and spelling, support your answers and be truthful, it will make a difference. Your essay must be 300-500 words otherwise you will not be considered.

Delta Academy II-Delta GEMS Program
Medical and Travel Consent, Assumption of Risk Waiver and Indemnification Agreement

I, _____ authorize my dependent,

To receive medical examinations and emergency treatment by a licensed physician or trained medical caregiver, if necessary, while participating in the Delta Academy II- Delta GEMS program, including travel and field trips. However, I fully understand that neither Delta Sigma Theta, Inc., nor the Delta Academy II- Delta GEMS Program pays for such medical or emergency services, or has the duty to provide them. I agree to pay all bills related to medical and emergency service received by the participant, which my insurance does not cover.

My dependent is also authorized to travel on Delta Academy II- Delta GEMS sponsored trips and affairs in vehicles supplied or coordinated by the Delta Academy II-Delta GEMS Program while she is enrolled as a participant. I understand that there may be dangers involved in traveling. This includes, but is not limited to the possibility of accidents during to and from, and at the final destination, and contact with people over whom Delta Academy II-Delta GEMS has no control, and exposure to different and unfamiliar places, environments, and accommodations over which Delta Sigma Theta, Inc. has no control.

In consideration of the participant being allowed to participate in the Delta Academy II-Delta GEMS Program. I release and agree to indemnify and hold harmless Delta Sigma Theta, Inc. and Delta Academy II-Delta GEMS its representatives, officers and members against and from any and all claims, damages and expenses arising out of, or resulting from injuries, losses, and medical treatment, services, care, travel and exposure to risks involved with travel and field trips.

Parent or Guardian's Signature

Date

In case of an emergency, contact:

1. Name _____
Relationship _____

Address _____
Phone _____

2. Name _____
Relationship _____

Address _____
Phone _____

Insurance Information:

Company Name	Policy Number
--------------	---------------