



Albuquerque Alumnae Chapter of Delta Sigma Theta Sorority, Inc.
Delta Growing & Empowering Myself Successfully (GEMS) Application

Name: _____

Email Address: _____ **Phone Number:** _____

High School: _____ **Guidance Counselor:** _____

Guidance Counselor Email or Phone #: _____

Why do you want to be in the Delta GEMS program?

What career(s) are you interested in?

What do you hope to learn in the GEMS program?

What specific, individual goal would you like to accomplish as a result of your GEMS participation?

Parent Signature: _____ **Date:** _____