



Saginaw Alumnae Chapter, Delta Sigma Theta Sorority, Inc.  
Delta GEMS 2024-2025 Application

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**Applicant Information**

Name of Applicant

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School currently attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Please list any after school activities, hobbies and/or job you are involved in below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Parent Information**

Name of Parent/Guardian (1)

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Relation: \_\_\_\_\_

Name of Parent/Guardian (2)

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Relation: \_\_\_\_\_

**Essay Submission:** Submit an essay detailing what you aspire to contribute and what you hope to gain from the Delta GEMS program. Your essay should be no more than 250 words, typed, and should reflect your personal aspirations and commitment to the program's objectives.

**Letter of Recommendation:** Provide a letter of recommendation from a teacher, mentor, employer, minister, or member of a Black Greek Letter Organization in the Saginaw area. This letter should attest to your character, potential, and suitability for participation in the Delta GEMS Program.

**Please submit to [Sac1967gems@gmail.com](mailto:Sac1967gems@gmail.com) by June 3rd, 2024, at 5 p.m.  
Or apply online at [www.saginawdst1967.com/apply-delta-gems](http://www.saginawdst1967.com/apply-delta-gems)**