



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: \_\_\_\_\_

**Please submit to Donna Cole at [rena9072@yahoo.com](mailto:rena9072@yahoo.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)**