

Delta GEMS Application



<https://www.saginawdst1967.com>

Email completed packet to CSecretary@saginawdst1967.com

Name:
Address:
Home Phone:
Cell Phone:
Email:
Birthday:

School:
Grade: Marking Period GPA:
School Activities:

Hobbies:
Part-Time Job:
What days can you attend Delta GEM meetings:

Parent or Guardian:
Address:
Home Phone:
Cell Phone:
Email:

After High School Goals:

Letter of Recommendation from Teacher, Counselor, Employer, Minister, sponsoring organization or member of a Black Greek Letter Organization in Saginaw County.

Essay - 250 words or less, tell us what you can contribute to the program and what you hope to gain from the DELTA GEMS Program? Your essay must be typed.

Checklist – November 15, 2019 Deadline

- Proof of 2.50 Grade Point Average for the Marking Period
- Letter of Recommendation
- Essay
- Application



Delta Sigma Theta Sorority, Inc.
Saginaw Alumnae Chapter

Stacy Rhoden, Delta GEM Chair (989)297-6555
Karen L. Lawrence-Webster, Chapter President (989)860-0032