



## **The Dr. Jeanne Noble Institute**

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The purpose of THE DR. JEANNE NOBLE INSTITUTE is to encourage young women to become leaders of tomorrow by exhibiting strong character, scholarship and commitment to the community. The group will be comprised of young ladies in the 9th-12th grades.

THE DR. JEANNE NOBLE INSTITUTE is an affiliate group of the Greater Cleveland Alumnae Chapter of Delta Sigma Theta Sorority Inc. Delta Sigma Theta Sorority was founded in January 13, 1913 and is a private, non-profit organization whose purpose is to provide services and programs to promote human welfare. The Grand Chapter of Delta Sigma Theta Sorority, Inc. has a membership of over 200,000 predominately African-American, college-educated women and here in Greater Cleveland we have a membership of nearly 400 college educated women.

Delta Sigma Theta believes that the youth of today are the future of tomorrow. We want to assist in guiding minority young ladies to finer womanhood by preparing them to assume leadership roles, while empowering these young ladies to meet the challenges of the future. Members of Delta Sigma Theta Sorority, Inc. serve as advisors to the participants; provide scholastic guidance, community service opportunities and academic advice while promoting community, social, political, and economic awareness.

Some DR. JEANNE NOBLE INSTITUTE Activities include:

- Monthly meetings every first Saturday (October – May)
- Development Workshops
- Community Service Projects
- College and Career Preparation
- Regular Social Gathering

A DR. JEANNE NOBLE INSTITUTE is expected to present herself in a respectable manner at all times. THE DR. JEANNE NOBLE INSTITUTE is designed to promote high scholastic standards and to encourage young ladies to continue their education past the high school level.

Being a DR. JEANNE NOBLE INSTITUTE member is a big commitment! Members are expected to give of their time to the community in a number of service activities throughout the surrounding cities.

Young ladies who are interested in the DR. JEANNE NOBLE INSTITUTE program must:

- Reside in the Greater Cleveland area
- Be a high school student
- Complete the application
- Complete a one page essay
- Be willing to follow the rules and regulations of THE DR. JEANNE NOBLE INSTITUTE
- Be willing to participate in THE DR. JEANNE NOBLE INSTITUTE sponsored activities

For consideration, the application must be returned with the GEM to our first meeting on **October 7, 2023** at the Delta Center.

1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester
October 7, 2023	February 3, 2024
November 4, 2023	March 2, 2024
December 2, 2023	April 6, 2024
January 6, 2024	May 4, 2024
June 1, 2024- Youth Group Field Trip	

Manana Robinson, Chair  
Eugenia Green Jackson, Co - Chair

[dst.gems.gcac@gmail.com](mailto:dst.gems.gcac@gmail.com)



**SECTION C – One page essay: respond to each question in paragraph form**

“Describe yourself using 25 words or less”

“Why do you want to participate in the DR. JEANNE NOBLE INSTITUTE program?”

“Why do you feel you would benefit from having a mentor?”

“What are your interests and hobbies?”

Essay must be focused on the topic. A typed essay is required.

**SECTION D- Delta Sigma Theta Sorority, Inc. Youth Participant Policy**

**A youth participant’s conduct shall be governed by the rules and expectations (Risk Management Policies) determine by Delta Sigma Theta Sorority, Inc.**

**SECTION E – Family Information**

I have read all the information about the DR. JEANNE NOBLE INSTITUTE, which is an affiliate of Delta Sigma Theta Sorority Inc. All of the information that I have provided is true and accurate to the best of my ability.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give my child, \_\_\_\_\_, permission to be a part of the DR. JEANNE NOBLE INSTITUTE, which is an affiliate of the Delta Sigma Theta Sorority Inc. I also understand that I have the right to remove my child from the group at any time, and have the right to visit the meetings, which are encouraged. I understand that I will be notified of any events in advance, and my child may or may not participate in the events.

Parent/Guardian’s Name: \_\_\_\_\_

\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**SECTION F – application checklist**

- \_\_\_ Completed Application with parent signature
- \_\_\_ One-page essay addressing application questions
- \_\_\_ Completed Consent Form and Emergency Medical Form

***Delta Sigma Theta Sorority, Inc***  
 Greater Cleveland Alumnae Chapter  
***THE DR. JEANNE NOBLE INSTITUTE Program***  
**Community Representative's Recommendation Form**  
Top section should be completed by applicant

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of School: \_\_\_\_\_

**This is to be completed by a person who knows the applicant very well; but who is not related to her. Please give your honest feedback based upon the direct knowledge that you have about the above named applicant.**

Name: \_\_\_\_\_

Occupation Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please rate the applicant based upon the following attributes listed below.  
 (1-Needs Improvement 3-Average 5-Excels in this area)

<b>Attributes</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Has a positive attitude					
Goal-Oriented					
Hard Worker					
Communication Skills					
Doing the Right Things					
Works well with others					
Trustworthy					
Open to new ideas					
Helping others in need					
Honest					

Additional Comments:

***Delta Sigma Theta Sorority, Inc***  
 Greater Cleveland Alumnae Chapter  
***THE DR. JEANNE NOBLE INSTITUTE Program***  
**Administrator's Recommendation Form**

*Top section should be completed by applicant*

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of School: \_\_\_\_\_

**This is to be completed by a person who knows the applicant very well; but who is not related to her. Please give your honest feedback based upon the direct knowledge that you have about the above named applicant.**

Name: \_\_\_\_\_

Occupation Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please rate the applicant based upon the following attributes listed below.  
 (1-Needs Improvement 3-Average 5-Excels in this area)

Attributes	1	2	3	4	5
Has a positive attitude					
Goal-Oriented					
Hard Worker					
Communication Skills					
Doing the Right Things					
Works well with others					
Trustworthy					
Open to new ideas					
Helping others in need					
Honest					

Additional Comments: