



THE DR. JEANNE NOBLE DELTA GEMS **INSTITUTE**

The purpose of THE DR. JEANNE NOBLE DELTA GEMS 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 composed of young ladies in the 9th-12th grade.

THE DR. JEANNE NOBLE DELTA GEMS INSTITUTE is an affiliate group of the Greater Cleveland Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Delta Sigma Theta Sorority, Inc. was founded on January 13, 1913, and is a private, non-profit organization whose purpose is to provide services and programs to promote human welfare.

Delta Sigma Theta Sorority 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 DELTA GEMS INSTITUTE activities include:

- Monthly meetings the first Saturday of the month (October – May)
- Development Workshops
- Community Service Projects
- College and Career Preparation
- Social Gatherings

A DR. JEANNE NOBLE DELTA GEMS INSTITUTE participant is expected to present herself in a respectable manner at all times. THE DR. JEANNE NOBLE DELTA

GEMS 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 DELTA GEMS INSTITUTE participant 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 DELTA GEMS INSTITUTE program must:

- Reside in the Greater Cleveland area
- Be a high school student
- Complete the application
- Complete Parent/Guardian Forms
- Be willing to follow the rules and regulations of the program
- Be willing to participate in sponsored service activities

Monthly Meetings will be held at the Delta Center - 11955 Shaker Blvd, Cleveland Ohio 44120 from 10 a.m. to 12:30 p.m. There will be some meetings held off site.

1 st Semester	2 nd Semester
October 5, 2024	February 1, 2025
November 2, 2024	March 1, 2025
December 7, 2024	April 5, 2025
January 4, 2025	May 3, 2025

June 7, 2025 - Youth Group Field Trip

For consideration, the application must be returned by **October 5, 2024** to GEMs@dstcleveland.org.

Mañana Robinson, Chair

Eugenia Green Jackson, Co - Chair

THE DR. JEANNE NOBLE DELTA GEMS INSTITUTE Application

Please type or print neatly.

SECTION A – Contact Information

(GEM) Name: _____
Last First Middle

(GEM) Date of Birth: _____ Age: _____

Street Address: _____

City, State, Zip: _____

(GEM) Phone Number: _____

(GEM) Email: _____

Parent(s)/Guardian Name(s):

Parent(s)/Guardian Phone Number: _____

Parent(s)/Guardian Email: _____

SECTION B – Academic and Extracurricular Activities

High School: Grade: _____

Overall Grade Point Average: _____

Jr. and High School Awards and Honors (Please include perfect attendance, honor roll, etc)

Activity	Position	Years Involved

Award	Grade or Year Awarded

SECTION C – respond to each question:

“Describe yourself using three words” _____

“What are your interests and hobbies?” _____

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) Complete Parent Guardian Forms.

SECTION E – Family Information

I have read all the information about THE DR. JEANNE NOBLE DELTA GEMS 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 DELTA GEMS 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. 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*

_____ *Completed Consent Forms and Emergency Medical Form*

_____ *Parent/Guardian Forms*

Greater Cleveland Alumnae Chapter
Delta Sigma Theta Sorority, Inc.

THE DR. JEANNE NOBLE DELTA GEMS 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)

Attributes	1	2	3	4	5
Has a positive attitude					
Works well with others					
Trustworthy					
Communication Skills					
Open to new ideas					

Greater Cleveland Alumnae Chapter
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THE DR. JEANNE NOBLE DELTA GEMS 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					
Works well with others					
Trustworthy					
Communication Skills					
Open to new ideas					