



**Prince George's County Alumnae Chapter  
Delta Sigma Theta Sorority, Incorporated  
Youth Group Student Application Form  
2022-2023**

**Student Contact Information:**

**Student's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Last Grade Point Average: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Which PGCAC Youth Group Are You Applying For:

**Dr. Betty Shabazz Delta Academy** (*Females - Grades 6-8*)

**Delta GEMS** (*Females - Grades 9-12*)

**Parent(s)/Guardian(s) Contact Information:**

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

Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



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**Student Information:**

1. Favorite school subjects:

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2. List extracurricular activities (including school, community or church activities):

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3. Hobbies/Talents:

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4. What are your plans/goals after high school?

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5. Are you a previous Youth Group participant?  YES  NO

6. Have you ever participated in a mentoring program(s)?  YES  NO  
If so, please give the name of the program(s):

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7. How did you hear about our Youth Programs?

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8. List suggested topics that you would like to discuss this year:

a. \_\_\_\_\_

b. \_\_\_\_\_

9. List activities or community service projects you would like to participate in this year:

a. \_\_\_\_\_

b. \_\_\_\_\_

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**All Dr. Betty Shabazz Delta Academy and Delta GEMS participants must answer the essay topic below.** The essay must be legibly hand-written (*do not use pencil*) or typed and submitted along with your application. Your essay must be between 150 and 200 words in length.

1. Describe why you want to participate in the Prince George's County Alumnae Chapter's Youth Program, and what experiences would you like to gain by participating. *Note: Please remember to state which program you are applying for.*



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*Short Essay (150 – 200 Words)*



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***Application Submission***

All applications must be completed, signed and submitted, along with a 3x5 photo, no later than **August 31, 2022** to the following e-mail address:

**Dr. Betty Shabazz Delta Academy:** *Bettyshabazz@pgcacdst.org*

**Delta GEMS:** *Deltagems@pgcacdst.org*

***Please note: If you are selected for the program, you and your parent MUST attend the Kick-off/Orientation session scheduled for Saturday, September 17, 2022. Notification of acceptance will come through e-mail.***

By my signature below, I hereby verify that the above information is accurate.  
(YOU MUST SIGN and DATE this application.)

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Student Signature

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Date

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Parent/Guardian Signature

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Date

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***For official use only:***

**Date Received:**