

DELTA GEMS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Age:

Phone:

Home address:

City:

State:

ZIP Code:

SCHOOL INFORMATION

High School Name:

School address:

Grade level:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

PARENT/ GUARDIAN CONTACT

Parent/Guardian Name:

Relationship:

Home Address:

City:

State:

Zip Code:

E-mail:

Home/Cell Phone:

Work Phone:

Text: **Yes or No**

GUIDANCE COUNSELOR INFORMATION

Guidance Counselor Name:

Phone:

E-mail:

Your GPA:

ADDITIONAL INFORMATION

College Choices:

Major/Minor:

Do you work part-time? **Yes or No**

Honors/Awards/Achievements:

Special Talents/Hobbies:

Church & Community Related Activities: