



**Dr. Jeanne L. Noble - Delta GEMS Institute**  
**2019-2020 Application**

Personal Contact Information	
Participant's Name	
Street Address	
City, State Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	
Age/Date of Birth	
School Name	
Grade/Class Level	

Parent/ Guardian Contact Information #1	
Parent / Guardian Name	
Relationship to the Participant	
Street Address	
City, State Zip Code	
Home Phone *Please indicated preferred phone contact number	
Work Phone	
Cell Phone	
E-Mail Address	



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<b>Parent/ Guardian Contact Information #2</b>	
<b>Parent / Guardian Name</b>	
Relationship to the Participant	
Street Address	
City, State Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

<b>Person to Notify in Case of Emergency</b>	
<b>Name</b>	
Relationship to the Participant	
Street Address	
City, State Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	



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**Extra-Curricular Activities/ Hobbies / Special Interests**

Please list all extra-curricular activities which you are involved in during the year including employment, previous volunteer work, or through other activities, including hobbies or sports. **This section is extremely important to consider if you can commit to at least two Delta GEMS event per month from October through April.**

Extracurricular activities (school/ church/ clubs / sports): \_\_\_\_\_

Hobbies / Your special interests: \_\_\_\_\_

Which school subject do you need help with most? \_\_\_\_\_

List two career goals? \_\_\_\_\_

Are you presently employed? If yes, where? \_\_\_\_\_

**Applicant and Parent(s) Signatures**

\_\_\_\_\_  
Applicant Name (printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date