

Greensboro Alumnae Chapter Delta Sigma Theta Sorority, Inc.

Jabberwock Participant Application Form

Name _____
(First) (Middle) (Last)

Address: _____
(Street)

_____ (City) (State) (Zip)

Phone Numbers: Home: _____ Cell: _____

Student e-mail address: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Current GPA (weight): _____ (Required for Miss Jabberwock Participant)

Mother/Guardian: _____
(First) (Last)

Phone Numbers: Home: _____ Cell: _____

Email address: _____

Father/Guardian: _____
(First) (Last)

Phone Numbers: Home: _____ Cell: _____

Email address: _____

Person to Contact in Case of an Emergency: _____

Phone Numbers: Home: _____ Cell: _____

Application for Prospective Jabberwock Participant

- 1) Have you ever been married? ___ Yes ___ No
- 2) Do you have any children? ___ Yes ___ No
- 3) Have you ever been suspended, expelled, or involved in any disciplinary action in or outside of school? ___ Yes ___ No
- 4) Are there any current court orders that you are involved in? ___ Yes ___ No
- 5) Is there any reason why you will not be able to participate in Zoom rehearsals on Sunday afternoons? ___ Yes ___ No

If your answer is “yes” to any of the questions above, please explain:

Do you anticipate being employed this upcoming school year?

Yes ___ No ___

If you answered “yes” please estimate the number of hours and days:

Hours ___ Days ___

Essay on “Why I want to participate in the Jabberwock Program” is attached?
(Required for Miss Jabberwock Contestants) Yes ___ No ___

List all extracurricular activities (please include community activities, public service projects and interests). (you may use another sheet of paper to list)

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I give permission for my daughter to participate in the Jabberwock Program.

Applicant's Signature

Date

Parent's/Guardian's Signature

Date

Please submit picture (*this picture will not be returned*)

Please mail all information to:
Greensboro Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
PO Box 20284
Greensboro, NC 27420