

Greensboro Alumnae Chapter

Delta Sigma Theta Sorority, Incorporated™

P.O. Box 20284

Greensboro, NC 27420

## 2025 Miss Jabberwock Pageant Application

Name			
(First)	(Middle)	(Last)	
Address:			
(Street)			
(City)	(State)	(Zip)	
Phone Numbers: Home:		Cell:	
Student's e-mail address:			
Date of Birth:		Age:	
School:	Grade: _		
Current GPA (weight):		(required for Miss Jabberwock participa	nt)
Mother/Guardian:			
(First)		(Last)	
Phone Numbers: Home:		Cell:	
Email address:			
Father/Guardian:			
(First)		(Last)	
Phone Numbers: Home:		Cell:	
Email address:			
Phone Numbers: Home:		Cell:	



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1) Have you ever been married?		Yes	No
2) Do you have any chil	dren?	Yes	No
3) Have you ever been s in or outside of school?	uspended, expelled	, or involved in any dis	ciplinary action
		Yes	No
4) Are there any current	court orders that ye	ou are involved in?	
		Yes	No
5) Is there any reason will Sunday afternoons?	hy you will not be a	able to participate in rel	nearsals on No
If your answer is "yes" t	o any of the questic	ons above, please expla	in:
Do you anticipate being	employed this upco	oming school year?	
Yes	No		
If you answered "yes" p	lease estimate the n	number of hours and day	ys:
Hours	Days		
Essay on "Why I Want t attached? (required for Miss	-		
List all extracurricular a projects, and interests).	•	-	



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I give permission for my daughter to partici	pate in the Miss Jabberwock Pageant.
Applicant's Signature	Date
Parent's/Guardian's Signature	Date
Please submit picture ( <i>This picture will not</i>	be returned.)
Application packet and application fee are of	due no later than September 30, 2024.

Mail all information to the following address:
Greensboro Alumnae Chapter
Attn: Jabberwock Committee
Delta Sigma Theta Sorority, Inc.
P.O. Box 20284
Greensboro, NC 27420

## Thank you!

Teresa Lipscomb Burney (336-337-4005), Tamara Caple (336-662-3455) and Karen Martin-Jones (336-471-0422)

Jabberwock Tri-Chairs
jabberwockcommittee@gmail.com