|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A. Contact Information - Applicant | |  | |  | |
| Name of Student Organisation |  | | | | |
| Name of Applicant |  | | Student ID | |  |
| E-mail Address |  | | Mobile Number | |  |

|  |  |
| --- | --- |
| B. Event Information | |
| ActivityName |  |
| ActivityOrganiser |  |
| Type of Activity | *\* Performance/ Conference/ Overseas Community Service/*  *Others: \_\_\_\_\_\_\_\_\_* |
| Date |  |
| Venue |  |
| Website |  |
| Poster (please enclose, if any) |  |

\**Delete where applicable*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C. List of Participants | | | |  | |
| **No** | **Name** | **Student ID** | **Remarks** | |
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| D. Projected Expenditure | | | | |  |
| **Item** | **Amount per pax (S$)** | **No of Pax** | **Total Amount (S$)** | **Source of Funds**  **(Income/ OSL Seed Fund^/ Subsidy^)** | |
|  |  |  |  |  | |
|  |  |  |  |  | |

^ subject to approval

|  |  |  |
| --- | --- | --- |
| E. Projected Income, if any | |  |
| **Item** | **Amount (S$)** | |
|  |  | |
|  |  | |
| **Total** |  | |

|  |  |
| --- | --- |
| F. Signature - Applicant | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if the application is approved, any false statements, omissions, or other misrepresentations made by me on this application may result in this application being void and null.  By submitting my details here, I agree that Office of Student Life may collect, use and disclose the information above for administration purposes. | |
| Signature |  |
| Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| G. Endorsement by President of Student Organisation | | | |
| I endorse the application to participate in the competition. | | | |
| Name of President |  | Student ID |  |
| E-mail Address |  | Mobile Number |  |
| Signature |  | | |
| Date |  | | |

|  |  |
| --- | --- |
| H. Approval - Office of Student Life | |
|  | |
| Name |  |
| Designation |  |
| Signature |  |
| Date |  |