

TRAILBLAZER FOUNDATION LTD.
SPONSORSHIP APPLICATION FORM

A PERSONAL PARTICULARS

Salutation:

Surname/Family Name:

Given Name:

Date of Birth /Age:

Gender:

Nationality:

NRIC / Passport No.:

Race:

Marital Status:

Contact Telephone: (Mobile) (Home)

Email Address:

Home Address:

Property Type: HDB 3Rm/4Rm/5Rm/Executive Flat/
Condo/Terrace

Property Ownership: Owned / Rented

Other Property Ownership:

B FAMILY FINANCIALS

Monthly Gross Household Income:

Monthly Household Expenses:

C FAMILY PARTICULARS

Please provide particulars of your family members living in the same household.

Name	Age	Relationship	Occupation	Monthly Gross Income

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D EDUCATION HISTORY

GraduationYear	Name of Institution	Course Name	Qualification / CGPA

E AWARDS/PRIZES AND ACHIEVEMENTS *(if applicable)*

Year	Name of Award/Prizes	Grantor

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F COMMUNITY SERVICE/INVOLVEMENT *(if applicable)*

Year	Brief description of your role

G EMPLOYMENT HISTORY *(if applicable)*

Period	Company Name	Designation

H FUNDING REQUEST

Name of Programme:

Name of School:

Commencement Date:

Duration:

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Total Amount Requested S\$:

Breakdown:

Total cost for the duration applied	Total Cost (\$\$)
Tuition fees	
Accommodation	
Food and transportation	
Health insurance and medical	
Books, supplies, etc	
Miscellaneous fees	
Others: <i>(Please specify)</i>	
Total cost before scholarship	
<i>Less: Scholarship awarded by school, if any</i>	
<i>Less: Financial assistance from other organisation(s), if any</i>	
<i>Less: Others: (please specify)</i>	
Shortfall	
Total Amount Requested <i>(tally with total amount indicated above)</i>	

I OTHERS

Please answer the following questions.

- Are you currently employed? Yes/No
If yes, please furnish employer's name and your designation.

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2. Have you ever been convicted in a court of law in any country? If yes, please give details. Yes/No

3. Have you ever been detained by the police or any government? If yes, please give details. Yes/No

4. Are you currently receiving any scholarship, bursary, grant or financial assistance from other organisation(s)? Yes/No

If yes, please give details. (name of organization(s), name of the bursary/grant, amount, duration).

5. Are you currently applying for any scholarship, bursary, grant or financial assistance from other organisation(s)? Yes/No

If yes, please give details. (name of organization(s), name of the bursary/grant, amount, expected date of outcome)

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6. Are you related to or personally acquainted with any director or officer of Trailblazer Foundation? Yes/No

If yes, please give details.

J PERSONAL DATA PROTECTION

(1) By submitting this application form, you agree that your personal data may be collected, used and disclosed by Trailblazer Foundation and its service providers and agents, for the purpose of processing your application, including evaluation of your suitability for sponsorship, conducting checks, and contacting you or the individuals named in your application, regarding your application; as well as to provide you with assistance should your application be successful and for the purposes of administrative and operational matters associated with the foregoing.

(2) You warrant that where you have disclosed personal data of individuals (e.g. family members, relatives, friends or referees) to Trailblazer Foundation and its service providers and agents, in connection with this application, you have obtained the prior consent of such individuals for the collection, use and disclosure described in paragraph (1) above.

(3) The above applies to personal data that is collected through this application submission and personal data that may be collected on separate occasions through various means for the abovementioned purposes. Your personal data will be used and retained in accordance with the Trailblazer Foundation Ltd Personal Data Policy available at:

www.trailblazerfoundation.org.sg

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K DECLARATION AND AUTHORISATION

I, the applicant, hereby warrant that the above statements and facts are full, true, and complete and I have not withheld from Trailblazer Foundation any material information in connection with this application. I fully understand that any omission of material information or misrepresentation may render this application void and invalid.

I consent to Trailblazer Foundation obtaining information in connection with this application about me from any organisation (including schools) or persons and I authorise the giving of such information.

I agree that a photographic copy of this authorisation shall be as valid as the original.

Signature of Applicant:

Witnessed by:

Name:

Date:

Name:

Relationship
to applicant:

Date:

Trailblazer Foundation reserves the right to not disclose the reasons for rejecting any application, and to reject any incomplete application.

Updated: May 2023