



youth alliance  
国际青年联盟

## Application Form to set up an OSG Youth Alliance Affiliated Organization

Please complete all sections of this form and expand the answer boxes as required. Once the Student Relations team at the OSG Youth Alliance receives your application, we will aim to contact you within two weeks to discuss the next steps.

### **The Proposed Affiliated Organization**

Proposed Student Organization Name:

What community of student does this student organization currently serves (e.g., geographical area, academic discipline, career interests)?

How many individuals/students/members does this student organization has? What is the leadership structure ?

What current activities does this student organization conduct? Please offer details.

### **Activity Plan**

Please outline your immediate plans for the student organization and the activities you will undertake in the coming six months up till one year.

Program Ideas:

- Inviting faculties alumni for various career-related or industry talks for current student organization members.
- Industry roundtable with faculties alumni, members, and current students
- Invite a guest speaker on a topic of interest to the students at your university. The type of program that could be used to raise funds for the Student Organization by charging admission.
- Education on business and social etiquette
- Presentation on industry trends.

What challenges do you foresee facing the student organization in the year ahead? How do you plan to overcome these challenges?

**Information about You**

First Name:

Last Name:

Graduation Year(s):

Degree/s to be achieved

Phone Number:

Email Address:

Full postal address including relevant country details:

Your role in the Student  
Organization

**Your Background Experience**

Please tell us about any relevant experience you have which will help you run a Student Organization. For example, do you have any volunteer management, event planning (or “running events”) and social media/websites/email communication tools experience?

**Information about Your Team**

Team Member 1

First Name:

Last Name:	<input type="text"/>
Graduation Year(s):	<input type="text"/>
Degree/s to be achieved	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Role in Affiliated Organization	<input type="text"/>

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Team Member 2

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Graduation Year(s):	<input type="text"/>
Degree/s to be achieved	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Role in Affiliated Organization	<input type="text"/>

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Team Member 3

First Name:

Last Name:

Graduation Year(s):

Degree/s to be achieved

Phone Number:

Email Address:

Role in Affiliated  
Organization

Team Member 4

First Name:

Last Name:

Graduation Year(s):

Degree/s to be achieved

Phone Number:

Email Address:

Role in Affiliated  
Organization

### **Data Protection Statement**

We will update your student record. Your information will be held securely by the OSG Youth Alliance. Data will not be disclosed to external organizations or individuals, other than those acting as agents for the University. When the Affiliated Organization is established the main contact details will be published, but we will ask you to confirm this.

### **Submission details**

When completed, please email this form to Regina.Lio@osg.sg