

## APPLICATION FORM FOR AG SCHOOL INTAKE

It is mandatory for all fields to be filled. Please type directly into the form and submit to [info@awakenageneration.sg](mailto:info@awakenageneration.sg)



### Section A: Personal Particulars

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (dd/mm/yy) Contact Number: \_\_\_\_\_ (mobile) \_\_\_\_\_ (office/home)

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Church: \_\_\_\_\_

Instruments you can play:  
Please tick where applicable.

Guitar

Keys

Bass

Drums

Other: \_\_\_\_\_

Please provide next of kin details in case of emergency:

Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ (mobile) \_\_\_\_\_ (office/home)

Only applicants below the age of 21 need to complete this section.

### Section B: Parent/Guardian Acknowledgement

I acknowledge that my child is applying for a 1-year program with Awaken Generation. I am aware that I will be asked to co-sign a student policy agreement upon my child's acceptance.

Full Name of Parent/Guardian: \_\_\_\_\_

NRIC No.: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Section C: Leader Reference

Applicants are required to have a reference from a pastor or leader (e.g. cell group leader, ministry head etc.) in his/her church to complete your application.

We will contact your listed leader and send him/her an online Reference Form to complete. Please inform him/her to expect the form.

Full Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Section D: Application Details**

Stream of choice:  2<sup>nd</sup> stream of choice (if any):

URL / Web link of audition video:

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Applicant type:

If student, please indicate name of school: \_\_\_\_\_

Please attach a JPG/PNG file of your Student ID together with this form when you mail it to [info@awakengeneration.sg](mailto:info@awakengeneration.sg).

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Please select whichever is applicable to you:

If you are fully or partially sponsored by the church, please provide these details. We will send your church office an online form to verify their support.

Church Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

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**Section E: Application Introduction**

In 500 words or less, share your heart on why you would like to join Awaken Generation's school programme.