

SPONSORSHIP APPLICATION FORM

Personal Information:

1. Applicant's Full Name: _____
2. Mailing & Physical Address: _____
City: _____ Province: _____ Postal Code: _____
3. Email Address: _____
4. Phone Number: _____ Alternative Phone: _____
5. Date of Birth(yy/mm/dd): ____/____/____

Academic Information:

6. Name of University/College: _____
7. Degree or Program: _____
8. Expected Start Date(yy/mm/dd): ____/____/____
9. Expected Graduation Date(yy/mm/dd): ____/____/____

Financial Information:

10. Estimated Tuition \$ _____ and Expenses for Current Academic Year: \$ _____
11. Financial Aid Received (if any): \$ _____

Sponsorship Details:

12. Reasons for Seeking Sponsorship from the Primary Care Society:

13. How do you plan to contribute to the local community upon graduation?

Supporting Documents:

14. Please attach the following documents to support your application:

- Resume showing employment and volunteer work

Declaration:

I, the undersigned, declare that the information provided in this sponsorship application form is true and accurate to the best of my knowledge. I understand that any false information may lead to disqualification from the sponsorship program.

Applicant's Signature: _____ Date(yy/mm/dd): ____/____/____