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|  | UNIVERSITY OF KELANIYA, SRI LANKA |  |
| Faculty of Medicine  Department of Disability Studies |
|  |
| PO Box 6, Thalagolla Road, Ragama, Sri Lanka  Phone +94112961254 / +94112958251 |

**Application for Scholarship / Financial Assistance**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1 | Name | | |  | | | | | | | | | | | | | | Age | |  | |
|  | Student Registration Number | | |  | | | | | | | | | | | | | | | | | |
| 2 | Home Address | | |  | | | | | | | | | | | | | | | | | |
| 3 | Current Accommodation | | | Home | | | | | | Hostel | | | | | | | Private Boarding | | | | |
| 4 | If Boarded,  Address of boarding | | |  | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | | | | |
| 5 | Results of the year 1 exam | | | | | | | | | | GPA | | |  | | | | | | | |
|  | Exam | | | | | | | | | | | | | Results | | | | | | | |
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|  | \*If space is not enough, please attached separately on a separate sheet | | | | | | | | | | | | | | | | | | | | |
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| 6 | Expenses / month | | | Food | | | Lodging | | | | | | Travelling | | Medical | | | | | | |
|  |  | | |  | | |  | | | | | |  | |  | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | | | | |
| 7 | Other Expenses | | | Photocopy | | | Data | | | | | | Phone bills | | Other | | | | | | |
|  |  | | |  | | |  | | | | | |  | |  | | | | | | |
| 8 | How much can your family provide for you each month? | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| 9 | How much do you receive from other scholarships? | | | | | | | | | | | | | | | | | | | | |
|  | Mahapola |  | | | | Bursary | | |  | | | | | Other | |  | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| 10 | Father’s occupation – | | | | | | | | | | | | | | | | | | | | |
|  | Mother’s Occupation- | | | | | | | | | | | | | | | | | | | | |
|  | Total Monthly income- | | | | | | | | | | | | | | | | | | | | |
| 11 | Details of siblings | | | | | | | | | | | | | | | | | | | | |
|  | Brothers/Sisters | | Age | | Occupation | | | | | | | Marital status | | | | | | | Income | |
|  |  | |  | |  | | | | | | |  | | | | | | |  | |
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| 12 | Total Family income | | | | | | | | | | | | | | | | | | | | |
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| 13 | Extra curricular activities/ Leadership details | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| 14 | Student’s bank account details | | | | | | | | | | | | | | | | | | | | |
|  | Account Number | | | | | | | | | | Bank | | | Branch | | | | | | | |
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| 15 | Statement of reason (Justify why you should be awarded this scholarship) (word limit- 300 words) | | | | | | | | | | | | | | | | | | | | |
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| 16. | I certify that the above details are correct and true.  Signature  Date | | | | | | | | | | | | | | | | | | | | |
| 17. | Phone No. | | | | | | | Email: | | | | | | | | | | | | | |
| 18. | I hereby grant consent to provide my details to the donor.  Signature  Date | | | | | | | | | | | | | | | | | | | | |
| 19 | I hereby grant consent for the donor to contact me. By email / phone  Signature  Date | | | | | | | | | | | | | | | | | | | | |