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| --- | --- | --- |
|  | UNIVERSITY OF KELANIYA, SRI LANKA |  |
| Faculty of MedicineDepartment of Disability Studies |
|   |
| PO Box 6, Thalagolla Road, Ragama, Sri LankaPhone +94112961254 / +94112958251 |

 **Application for Scholarship / Financial Assistance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
|  |  |  |
| 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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |
| 12 | Total Family income |
|  |  |
| 13 | Extra curricular activities/ Leadership details |
|  |  |
| 14 | Student’s bank account details |
|  | Account Number | Bank | Branch |
|  |  |  |  |
|  |  |  |  |
|  |  |
| 15 | Statement of reason (Justify why you should be awarded this scholarship) (word limit- 300 words) |
|  |  |
| 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 / phoneSignature Date |