STUDENT BENEFIT FUND

Application for Scholarship / Financial Assistance General Guidelines

- Applications (Annexure 1) are called from the students through an open web advertisement on the faculty website or using a Google form from the respective batches.
- Students must submit a completed application with supporting documents to the Student Benefit Fund Committee on or before the deadline.
- Students must appear for an interview with at least two members of the committee in order to be prioritized for scholarships.
- Once the selection of students is completed, a priority list is made of the most deserving students.
- Each month, students selected would receive Rs. 5000.00 for one year.
- Funds will be transferred to the accounts of the students chosen at the definite date determined by the committee.
- At the end of each scholarship year, students are evaluated for eligibility for the next round of scholarships.
- Students would cease to receive scholarship funds once they complete their final examination.
- All rules and regulations pertaining to the Mahapola fund will also apply to this scholarship benefit fund.
- All disciplinary rules and regulations applicable to all undergraduate students of the Faculty of Medicine will apply to students receiving this scholarship as well.
- If found guilty of breaking any rules of the University or Faculty of Medicine by a disciplinary committee, they would forfeit all benefits of the scholarship fund.



UNIVERSITY OF KELANIYA, SRI LANKA Faculty of Medicine



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Application for Scholarship / Financial Assistance

1.	Name						1,	Age		
2.	ME NO							igo		
3.	Home addre	PSS								
<u> </u>	Tiomo adar									
4.	If Boarded Address of boarding									
					1					
5.	Results of exams			Exam	Results		Exam	Results		
	Exam	Resu	ılts	Unit 2 ((C)			Unit 3B			
	CA1			Classes			Unit 3C			
	CA2			CA5			Classes			
	CA3			CA6			CA8			
	Unit 1			CA7			CA9			
	Unit 2(B)			Unit 3A			CA 10			
		•						•		
6.	Expenses/month		Food	Boarding		Travelling		/ledica	al	
								<u> </u>		
7.	Other Expenses			Photocopy Data			Phone bills	s C	Other	
	-									
8.	How much can your family provide for you each month?									
9.	How much	do voi	ı receiv	e from other	scholarshi	ps?				
	Mahapola							Other		
		<u> </u>			<u> </u>					
10.	Occupation	of fatl	ner -							
	- 1									
11.	Mother's monthly income with occupation -									
12.	Details of siblings									
	Brothers/Sis		Age	Occupation Marital Income						
	Broth or or or	0.010	, igo	Cocapation		status			111001110	
						3.0				
				j .						

Annexure 1

13.	Total family income								
14.	Student's bank account details								
15.	Account Number	Bank		Branch					
40	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
16.	Vrite in your own words the reasons or justification for requesting this								
	financial assistance.								
17.	I certify that the above details are true.								
	Ciamatuma								
	Signature								
	Date								
	Buto								
18.	Phone No.		Email:						
19.	I hereby grant consent to provide my details to the donor.								
	Signature								
	Date								
00				2 11 / 1					
20.	I hereby grant consent for the donor to contact me. By email / phone								
	Signaturo								
	Signature								
	Date								