|  |  |  |
| --- | --- | --- |
|  | UNIVERSITY OF KELANIYA, SRI LANKA |  |
| Faculty of Medicine |
|   |
| PO Box 6, Thalagolla Road, Ragama, Sri LankaPhone +94112961192 Fax +94112958138 |

 **Application for Scholarship / financial assistance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Name |  | Age |  |
|  | ME NO |   |
| 2 | Home address |  |
|  |  |  |
| 3 | If Boarded Address of boarding |  |
|  |  |  |
| 5 | Results of exams  | Exam | Results | Exam | Results |
|  | Exam | Results | 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 | 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 | Occupation of father - |
|  |  |
| 11 | Mother’s monthly income with occupation -  |
|  |  |
| 12 | Details of siblings |
|  | Brothers/Sisters | Age | Occupation | Marital status | Income |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |
| 13 | Total family income |
|  |  |
| 14 | Student’s bank account details |
|  | Account Number | Bank | Branch |
|  |  |  |  |
|  |  |
| 15 | Write in your own words the reasons or justification for requesting this financial assistance. |
|  |  |
| 16. | I certify that the above details are 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 |