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|  | UNIVERSITY OF KELANIYA, SRI LANKA |  |
| Faculty of Medicine |
|  |
| PO Box 6, Thalagolla Road, Ragama, Sri Lanka  Phone +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 | | | |
|  |  | | |  | |  | | | | | |  | | | | |  | | | |
|  |  | | |  | |  | | | | | |  | | | | |  | | | |
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|  |  | | | | | | | | | | | | | | | | | | | |
| 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 / phone  Signature  Date | | | | | | | | | | | | | | | | | | | |