## 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 three 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						Age					
2.	ME NO								•			
3.	Home address											
4.	If Boarded A	ddress	s of									
	boarding											
5.	Results of exams		Exa	m	Results			Exam		Res	ults	
	Exam	Resu	ılts	Un	it 2 ((C)			Unit 3B				
	CA1			Cla	sses				Unit 3C			
	CA2			CA	5				Classes			
	CA3			CA	6				CA8			
	Unit 1			CA	7				CA9			
	Unit 2(B)			Un	it 3A				CA 10			
6.	Expenses/month			Foo	Food Boarding			Travelling		Me	dical	
7.	Other Expenses		Ph	otocopy	tocopy Data			Phone bi	ills	Oth	er	
8.	How much can your family provide for you each month?											
9.	How much d	o you	receive	fro	n other s	cho	larship	s?				
	Mahapola				Bursary	/ Other						
10.	Occupation of father -											
11.	Mother's mo	onthly	income	wit	h occupa <sup>.</sup>	tion	-					
12.	Details of siblings											
	Brothers/Sisters Age		Occupation			Marital		I	Income			
								sta	tus			

Annexure	1
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13.	Total family income									
14.	Student's bank account details									
15.	Account Number		Bank							
16.	ing this financial									
	assistance.									
17.	I certify that the above details are true.									
	Signature									
	Date									
18.	Phone No.			Email:						
19.	I hereby grant cons	sent to	provide my de	tails to th	e donor.					
	Signature									
	Date									
20	I horoby grant con	ont for	the denor to	contact m	o Dy omoil / r	hana				
20.	I hereby grant cons	sent for	the donor to	contact m	е. ву email / р	mone				
	Signatura									
	Signature									
	Date									