**Application for Scholarships**

**Scholarship : ………………………………………………………..**

1. **Name with initials : ………………………………………………………….**

(As registered at the University)

Student Registration No **……………………………………………………....**

1. **Name in Full :…...…………………………………………………………….**

 **………………………………………………………………….**

Permanent Address **:…………………………………………………………...**

(Please include the post code)**………………………………………………….**

Contact No.(Residence)**………………………**(Mobile.)**……………………...**

Grama Niladhari Area **:………………………………………………………...**

Divisional Secretariat:**…………………………………………………………**

District**:………………………………………………………………………..**

1. **Distance from the Permanent residence to the University of peradeniya**

(To the nearest kilometer)**………………………………………………………**

1. **Do you have any brothers or sisters studying at a University (Yes/No)**

If so please fill in the following table

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**  | **Reg. no** | **Name of Institution** | **Course of study** | **Academic year** | **Whether Mahapola/ Bursary holder** |
|  |  |  |  |  |  |

If brother/sister does not receive a Mahapola Scholarship or Bursary a letter of certification signed by the registrar of the respective institution should be enclosed.

1. **Do you receive any financial aid from the government or any other Organization? (Yes/No)**

If so state the details

|  |  |
| --- | --- |
| Name of donor/ donating institute | Amount of single installment |
|  |  |

1. **Total annual income from other sources : ……………………………………...**
2. **If you are married; (state if unmarried) date of marriage**(certificate of marriage should be enclosed)
Name of spouse **:…………………………………………………………………..**
If employed, place of employment **:…………………………………………........**Post **:…………………………………………………………………….…………**Current Salary **:…………………………………………………………………….**(Monthly Salary including all allowances)
3. **Particulars of parents/ guardians;**
4. ***details regarding father***
5. Name in Full **:…………………………………………………………………..**
6. State if alive or not **:…………………………………………………………….**
(if not alive please enclose the death certificate)
7. Age (if alive)
8. Occupation **:…………………………………………………………………….**(if not alive the previous occupation or if retired the occupation prior to retirement must be stated. If retired please enclose the certificate of retirement)
9. Address of the place of employment **:………………………………………….**
10. Annual Income (salary/pension)
(state the annual income as at **……………………………….….** in rupees)
(If employed state the annual income including all allowances with an enclosed certification by the employer)
11. Annual income from other sources **:……………………………………………**
12. Father total income **:……………………………………………………………**
13. ***Details regarding mother***

1. Name in Full **:…………………………………………………………………..**

2. State if alive or not **:…………………………………………………………….**
(if not alive please enclose the death certificate)

3. Age (if alive)
4. Occupation **:…………………………………………………………………….**(if not alive the previous occupation or if retired the occupation prior to retirement must be stated. If retired please enclose the certificate of retirement)

5. Address of the place of employment **:………………………………………….**

6. Annual Income (salary/pension)
(state the annual income as at **……………………………….….** in rupees)
(If employed state the annual income including all allowances with an enclosed certification by the employer)

7. Annual income from other sources **:……………………………………………**

8. Mother total income**:……………………………………………………………**

1. **Total annual income of both parents :……………………..……………………**
2. **Details of guardian :**

If parents are not alive or if the applicant is under the care of a guardian (other than parents) please provide the following information.

1. Name of guardian **:……………………………………………………………**
2. Permanent address **:……………………………………………………………**
3. If employed, post **:……………………………………………………………..**
4. Annual income from salary **:…………………………………………………...**
5. Annual income from other sources **:……………………………………………**
6. Total annual income of the Guardian **:…………………………………………**
7. Age **:…………………………………………………………………………….**
8. **Statement of applicant:**

I certify thet the above information is ture and accurate to the best of my knowledge.Further, if any information is proven false, I am aware that the management committee of the Welfare Fund of the Dental Faculty Student’s Union can take action against me according to clause 4 of the instruction to applicants in page 1.

Date **:………………..**  **…………………………………**

 Signature of applicant

National Identity Cared No **………………………….….**

**Insructions to the Grama Niladhari**

Please take into careful consideration the details concerning the income of the applicant and family. Please certify that the information supplied is ture.

Name of Grama Niladhari **:…………………………………………………………**

Area & Code **:………………………………………………………………………**

I certify that the income of the parent of the applicant which is rupees **:…………..**

is true to the best of my knowledge.

1. Was the applicant employed earlier ? **………...………………………………...**is he employed currently ? **……………………………………………………...**Annual income, if any **…………………………………………………………..**
2. Was the Father/ guardian/ Spouse of the applicant employed ?**...........................**Annual income (salary/pension) **:…………………………………………….…**Annual income from other sources **:…………………………………………….**
3. Was the mother of the applicant employed ?**........................................................**Annual income (salary/pension) **:…………………………………………….…**Annual income from other sources **:…………………………………………….**

Applicant is eligible to receive the scholarship/ not qualified because of
………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**………………..…………………………………..**
Signature of the Grama Niladhari (Rubber stamp)

**……………………………………………………**Signature of Divisional Secretary (Rubber stamp)