University of Jaffna – Sri Lanka

Application for Endowments, Scholarship, Prizes, Awards & Bursary

Part I

1.	Name of Scho	larship:
2.	Full Name	·
3.	Address	:
	i)	Permanent:
	ii)	Temporary:
4.	Telephone No	:
5.		sity admission & current academic year:
6.	Student registr	ration number :
7.	a) Faculty	•
	b) Course	:
8.	Gender	: Male / Female
9.	Date of Birth	: yearday
10.	School attende	ed:
11.	Monthly expe	nditure with details:
	Rent	
	Food	
	Transport	
	-	
	Total	
		Part II

12. Family details:

- a) Number of unmarried sisters / brothers:
- b) Give the details of school going brothers / sisters:

Name	Date of Birth	School	Year of Study

c) Details of brothers or sisters following courses in University/Campus/Higher Institution details:

Name	Name of institution	Academic year & Reg.No	Course	Financial support

d) Give the details of brothers or sisters occupation (If they are supporting you or not):

Name	Age	Relationship	Occupation	Monthly	Working
				Income	Place

e) Parental details: (If retired write the past occupation):

Name	Age	Relationship	Occupation/ Designation	Annual Income	Working Place

Details, if Father/Mother not living (Death certificate should be attached):

f) Any other source of income:

Name	Relationship / Organization	Amount

13. Details of financial assistance receiving from University or any other government Organization (Mahapola/ Bursary/ AMAF/ Unifund/ Alumni etc):

Name of financial	Name of organization	Amount receiving annually
assistance		

14. Reasons for requesting financial assistance:

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I certify that the above details given by me are true and correct.

Date	Signature

Signature of the parent (If diseased both get the signature from Guardian).

Date

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Parent / Guardian

a) Whether it is needed/not:

Certification of the MSU President

This is to certify that Mr/Mrs/Miss.....is a financial needy student.

.....

Date

b) Recommendation of Senior Treasurer

Date

.....

Senior Treasurer

c) Certification of the Grama Niladhari

This is to certify that the parental income and other details given by Mr/Mrs/Miss is true and correct according to the details available at my office.

Date

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Grama Niladhari Official Rubber Stamp

Date

Dean/ Assistant Registrar Official Rubber Stamp

e) Source of Scholarship/ Bursaries:

f) Recommended/ Not Recommended

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Chairman/ Scholarship, Prizes and Awards Committee.

Please fill this form and submit with the application

Name of Scholarship												
Name & Registration No	Permanent Address	Father's Profession	Mother's Profession			Members of the Family				Total monthly income	Rental pay with meals	Whether recipient of Mahapola/ Bursary/any other Financial Assistance