University of Jaffna – Sri Lanka

Application for Endowments, Scholarship, Prizes, Awards & Bursary

Part I

1.	Name of Sch	nolarship:						
2.	Full Name	:						
3.	Address	:						
	i)	Permanent:						
	ii)	Temporary:						
4.	Telephone N	Vo :						
5.	Year of univ	versity admission & current a	cademic year:					
6.	Student registration number:							
7.								
	b) Course	:						
8.	Gender	: Male / Female						
9.	Date of Birt	h: year	month	day				
		ded:		-				
11.	. Monthly exp	penditure with details:						
			art II					
12.	. Family detai	ils:						
	•	of unmarried sisters / brother	rs:					
	*	details of school going broth						
	Name	Date of Birth	School	Year of Study				
	2 (0.222							

Name	Name institut		mic year g.No	Cou	rse	Financial support	
Give the o	letails of broth	ners or sisters occu Relationship	upation (If Occupati		are supportin Monthly Income	ng you or not): Working Place	
Parental income details: (If retired write the post occupation):							
Name	Age	Relationship	Occupati Designat		Annual Income	Working Place	
Details, if	Father/Mothe	er not living (Deat	h certificat	e sho	uld be attach	ned):	
Any other	source of income	ome.					

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

Name of financial	Name of organization	Amount receiving annually
assistance		

14. Reasons for requesting financial assistance:	. Reasons for requesting financial assistance:						
I certify that the above details given by me are t	rue and correct.						
Date	Signature						
Signature of the parent (If diseased both get the	signature from Guardian).						
Date	Parent / Guardian						
a) Whether it is needed/not:							
Certification of the MSU President							
This is to certify that Mr/Mrs/Missneedy student.	is a financial						
 Date	MSU President						

• •	Senior Treasurer Niladhari arental income and other details given by Mr/Mrs/Miss is true and correct according to the details available at my			
s is to certify that the pa	arental income and other details given by Mr/Mrs/Miss			
is is				
Date				
	Grama Niladhari Official Rubber Stamp			
This is to certify that Mr/Mrs/Miss				
Date	Dean/ Assistant Registra Official Rubber Stamp			
arce of Scholarship/ Bure commended/ Not Recom	rsaries:mmended			
	been studying at the Falst/2nd/3rd/4th/5th year and syear. Date Date			

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		