



University of Colombo School of Computing - Sri Lanka

APPLICATION FOR SCHOLARSHIPS FROM STUDENT WELFARE AND DISTRESS FUND AND SCHOLASHIPS FUNDED BY EXTERNAL ORGANIZATIONS (IFS) – 2025

Please Tick (✓) below for scholarship preference

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|---|--|
| APPLICATION FOR SCHOLARSHIPS FROM STUDENT WELFARE AND DISTRESS FUND | |
| SCHOLASHIPS FUNDED BY EXTERNAL ORGANIZATIONS (IFS) | |

Course for which applicant has been selected:

1. Full Name: Mr. /Miss. /Mrs. /Rev.:

.....

Permanent Address:

.....

Registration Number:

Contact Numbers:

Email Address:

Division of the Gramaseva Niladhari:

District:

Write down the distance (to the closest kilometer) from your
Permanent residence (i.e. your home) to the University of Colombo.
(1 mile = 1.6 K.m.)

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2. Reason for applying for a Scholarship:

.....

.....

.....

.....

3. If you are now receiving a scholarship or any other funds from the government or local
Government authorities or other institution or association, state the amount received and other details:

.....

.....

4. Is your family receiving **"Samurdhi"** allowance (Yes or No)
(If receiving, please attach certified copies of proof documents)

5. Details of family:

State details of your brothers and sisters. (Please attach Letter of certification from Principal of the School or Registrar of the University / Institute)

| | Name | Age as at 31.12.2024 | Civil Status | Name of the School/ University / Institution studying OR Employment |
|---|------|-------------------------|-----------------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

5. Income derived from estates and cultivated land of your family:

| | Name of Owner | Relationship | Location | Nature of Cultivation | Extent of Land Description of Property | Annual Income Rs. |
|---|---------------|--------------|----------|--------------------------|--|----------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

-
6. Income derived from Houses of your family:

| Name of Owner | Relation ship | Assessme nt No. | Chief House Holder's No. | Address | Annual Income | If rented/ leased names and addresses of tenants |
|---------------|------------------|--------------------|-----------------------------------|---------|------------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

7. Fill in this section only if you are employed:

Name and address of Institution / Department where you are employed:

.....
.....

Post.....

Salary Scale:

Salary:

Date of appointment:

8. Fill in this section only if you are married:

Date of marriage.....

(Annex marriage certificate)

Name of spouse:

If spouse is employed name of institution where she/he is employed:

.....

Post held:

Present salary: (state the monthly salary inclusive of all allowances)

9. Whether you are a Sri Lankan Citizen or not:

10. Details of parents/Guardians: (Applicants presenting guardians should fill page 11 in addition to this.)

(a) Details of Father:

(1) Full Name:

.....

(2) Whether living or deceased:
(If deceased, annex death certificate)

(3) If living, Age: Years: Months:

(4) Father's Employment:
(If deceased, or retired, state occupation prior to death, or retirement)
(If retired, annex certificate of retirement)

(5) Address of present / previous employment:

.....
.....

- (6) State the full income derived from employment / Pension Rs
(Full annual income as at **31st December 2024**, should be declared.)

(If employed, a letter stating the annual salary inclusive of all allowances certified by the Head of the workplace, should be annexed. If retired, a letter stating the annual pension inclusive of all allowances, or the full annual widows' and orphans' pension certified by Director of Pensions or the Government Agent should be annexed)

- (7) Annual income derived from houses & properties: Rs.

- (8) Annual income derived from all other sources: Rs.

Father's total annual income: Rs.

(b) Details of Mother:

- (1) Full Name:

- (2) Whether living or deceased:
(If deceased, annex death certificate)

- (3) If living, Age: Years..... Months:

- (4) Mother's occupation:
(If retired, annex certificate or retirement)

- (5) Address of present / previous employment:

- (6) State full annual income derived from employment or pension.....
(Full annual income as at **31st December 2024**, should be declared)

(If employed, a letter stating the annual salary inclusive of all allowances certified by the Head of the workplace, should be annexed. If retired, a letter stating the annual pension inclusive of all allowances or the full annual widows' and orphans' pension certified by Director of Pensions or the Government Agent should be annexed.)

- (7) Annual income derived from houses and properties Rs.....

- (8) Annual income derived from all other sources Rs.....

Mother's total annual income: Rs.....

11. Father's and mothers total annual income: Total income in cages 10 (a) and 10 (b)

Rs
(Write total full annual income of father and mother in words)

12. Details of Guardian:

This section should be filled by applicants who do not have parents or applicants who are not in the charge of their parents or by other applicants who present guardians.

- (1) Name of Guardian:

- (2) Permanent address:

- (3) If employed, post held:

- (4) Annual salary: (annex details of salary.).....

- (5) Annual income derived from houses & properties/ property of temple:
(A certificate issued by the Gramaseva Niladhari/Assistant Government Agent should be annexed in this connection.)

- (6) Age:

13. Please give justification with regard to your eligibility to consider for such a Special Scholarship:
Note: You can fill this cage either in Sinhala, English or Tamil.

14. Declaration by applicant:

I hereby certify that the information given above is true and accurate to the best of my knowledge, and that I do not pay income tax. I am also aware that if any information is found to be untrue by the University Authorities, my application will not be considered for the above Scholarship.

Date:

.....
Signature of Applicant

Recommendation of Gramaseva Niladhari

15. Name of the Gramaseva Niladhari :.....

Number and Division of Gramaseva Niladhari :.....

I hereby certify that the annual income of the parents/ guardians stated in cage 10, 11 is Rs. (Amount in word) and that I have compared the documents presented by the applicant with the information given about the income and properties that to the best of my knowledge and understand they are *accurate/ inaccurate due to the following reasons.

.....

.....

I further certify that the parents of the applicant receive/ do not receive Rs..... from Government Relief Program (e.g. Samurdhi).
(*Please strike out the inappropriate words)

Date:

.....
Signature of Gramaseva Niladhari

Seal

For Office Use Only

Academic Performance

| Year | GPA |
|------|-----|
| | |

Overall Ranking of the Student at the end of the first year:

I certify that has not
committed any violation of Examination rules and regulations.

Date.....

.....
SAR / Examinations & Registration
University of Colombo School of Computing