



University of Colombo School of Computing - Sri Lanka

APPLICATION FOR SCHOLARSHIPS FROM STUDENT WELFARE AND DISTRESS FUND AND SCHOLASHIPS FUNDED BY EXTERNAL ORGANIZATIONS (IFS) – 2024

Please Tick (✓) below for scholarship preference

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.)

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 31.12.2023	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 cage 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 2023**, 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 2023**, 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 mother's 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

Name of the Divisional Secretary :

Divisional Secretariat :

District :

I certify the signature of the Grama Seva Niladhari.

Date:

.....
Signature of Divisional Secretary

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