



**University of Colombo School of Computing - Sri Lanka**

**APPLICATION FOR SCHOLARSHIPS FROM STUDENT WELFARE AND DISTRESS FUND  
2024/2025**

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:

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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:

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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: .....

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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) .....

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

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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 **31<sup>st</sup> 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 **31<sup>st</sup> 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.....

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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)

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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

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**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**

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**For Office Use Only**

Academic Performance

<b>Year</b>	<b>GPA</b>

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