

Annex 3 -A

MM Foundation - Application for a Scholarship (Undergraduate)**(Read instructions clearly before completing this application)**

Application is submitted for

Option 01-University Level Scholarships

(with the weightage of 70% for Income & 30% for Academic performance)

Option 02-Faculty Level Scholarships

(with the weightage of 50% for Income& 50% for Academic performance)

(Please tick the option/options that you are applying for)

1. Name in full:

2. Mailing address:

3. Phone number (if any):

Home (Land Line)		Mobile	
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4. Sex of the Applicant:

Male		Female	
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5. Date of Birth (Date/Month/Year): *(Please attach a copy of the Birth Certificate)*

National Identity Card No. :

6. Name of the School and its Address:

7. G.C.E. (A/L) Subjects & Results (Indicate A/B/C/S/W): *(Please attach a copy of the GCE A/L Results Sheet – Department of Examination Results Print out)*

Year of Exam:		Exam Index No:	
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No	Subject	Result	No:	Subject	Result
1			4	English	
2			5	General Knowledge	
3			6	Z-Score	

8. Do you have proofs of your engagement in any extra-curricular activities during the school days or outside the school with achievement at the District, Provincial or National level?

(Please attach copies of certificates of your accomplishment)

No	Type/Nature of Extra Curricular Activity	Place Obtained			
		Divisional	District	Provincial	National

Indicate places (**First, Second, Third**) or **P** for Participation

9. **Principal's Endorsement**

To be completed by School Principal:

I certify that the above GCE (A/L) results and the involvement in the extra-curricular activities are to be true and accurate.

Name of School Principal:
Phone No:
Date:

Signature:

Place School
Principal's official
stamp in this area

10. Details of the University admission: *(Please attach a copy of the admission to the University)*

Name of the University:	
Faculty of Study:	
Course of Study:	
Academic Year:	Duration of the Course (Years):
Date of Start of the Academic Programme:	
Are /will you be given hostel facility:	
Are you a recipient of Mahapola/Bursary Sponsorship:	

11. Details of family members and their gross monthly income (before any deductions) from all sources (including other scholarships, allowances, etc.). For brothers, sisters, etc., write the relationship in the "Relationship" column. *(Please attach the copies of salary statements/pay slips)*

Name	Age	Relationship	Occupation	Gross Monthly Income
		Applicant		
		Father		
		Mother		

12. Is your family a Samurdhi Beneficiary family?

Yes		No	
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13. Are you an undergraduate with Special Needs (Differently Abled Undergraduate)?

Yes		No	
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(Please attach a copy of the medical certificate giving evidence of your condition)

14. Grama Niladhari Officer's Endorsement**To be completed by Grama Niladhari Officer:**

I certify that the above family details are true and accurate and the total monthly income of the family (before deductions) is Rs:

(Total income to be hand-written by the Grama Niladhari Officer)

Name of Grama Niladhari Officer:
Name of the Grama Niladhari Division and its No:
Phone No:
Date:

Place Grama Officer's
official stamp in this area

Signature:

15. Is there any other factor(s) (except income) to show that you are a member of a needy family? *(Please provide sufficient justification along with any evidence/ proof document, letter or appeal)*

16. How did you learn about this scholarship programme?

17. Applicant's attestation

I certify that all of the above information furnished are true and accurate to best of my knowledge. Further, if the information furnished are found to be false, I hereby agree that my scholarship will be prematurely cancelled.

Signature of Applicant: Date:

18. Certification by the institution recommending for the scholarship:**To be completed by Head of the Partner Organization:**

I certify that the above details of the application are true and accurate. Further, I hereby recommend that this applicant shall be considered for the scholarship of your esteemed organization.

Name of Head of the Partner Organization:			
Name of the Partner Organization:			
Address:			
Contact Details:			
Land Line		Mobile	
E-mail:			
Date:			

Signature:

Place the official stamp of
the Head of the
Organization in this area