**Annex 3 -A**

**MM Foundation - Application for a Scholarship (Undergraduate)**

(**Read instructions clearly before completing this application)**

1. Name in full:

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1. Mailing address:

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1. Phone number (if any):

|  |  |  |  |
| --- | --- | --- | --- |
| Home (Land Line) |  | Mobile  |  |

1. Sex of the Applicant:

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Female |  |

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

|  |
| --- |
|  National Identity Card No. : |

1. Name of the School and its Address:

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|  |

1. 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:  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No**  | **Subject**  | **Result**  | **No:**  | **Subject**  | **Result**  |
| 1  |   |   | 4 | English |   |
| 2  |   |   | 5 | General Knowledge  |   |
| 3  |   |   | 6 | **Z-Score**  |   |

1. 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

1. **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: |

|  |
| --- |
| Place School Principal’s official stamp in this area  |

Signature: .................................... ……………..

1. 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:  |

1. 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Age** | **Relationship** | **Occupation** | **Gross Monthly Income**  |
|   |  | Applicant  |   |   |
|   |  | Father  |   |   |
|   |  | Mother  |   |   |
|   |  |   |   |   |
|   |  |   |   |   |
|   |  |   |   |   |
|   |  |   |   |   |

1. Is your family a Samurdhi Beneficiary family?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes  |  | No |  |

1. Are you an undergraduate with Special Needs (Differently Abled Undergraduate)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes  |  | No |  |

*(Please attach a copy of the medical certificate giving evidence of your condition)*

1. **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: .......................................

1. 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)*

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| --- |
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1. How did you learn about this scholarship programme?

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1. **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: .........................................

1. 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: |

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

Signature: .........................