Annex 3 -A

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

1. Name in full:			
2. Mailing address:			
3. Phone number (if	f any):		
Home (Land Line)		Mobile	
4. Sex of the Applica	ant:		
Male		Female	
5. Date of Birth (Dat	e/Month/Year): (Please attach	h a copy of the E	Birth Certificate)
	Nationa	l Identity Card N	No. :
6. Name of the Scho	ol and its Address:	ä	

7.	G.C.E. (A/L) Subjects & Results (Indicate A/B/C/S/W): (Please attach a copy of the GCE A/L Results
She	et – 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	Place Obtained			
	Activity	Divisional District Provincial National			National

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

9. 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 S	ponsorship:

10.	Details of family members and their gross monthly income (before any deductions) from all source
(in	cluding other scholarships, allowances, etc.) (Please attach the copies of salary statements/pay slips)

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

11. Is your family a Samu	rdhi/Aswasuma Beneficiary	family? (Please	annexed copy of	the pass book)
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Yes	1	No	

12. 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)

Grama Niladhari Officer's Endorseme	nt
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To be completed by Grama Niladhari Officer:		
I certify that the above family details are true and accurate a	and the total monthly income of the family	
(before deductions) is Rs:		
(Total income to be hand-written by the Grama Niladhari Offi	cer)	
Name of Grama Niladhari Officer:		
Name of the Grama Niladhari Division and its No:		
Phone No:		
Date:	8	
Signature:	Place Grama Officer's	
Signature	official stamp in this area	
14. Is there any other factor(s) (except income) to show that y		
provide sufficient justification along with any evidence/ proof	document, letter or appeal)	
15. How did you learn about this scholarship programme?		
15. How did you learn about this scholarship programme.		

16.	App	licar	ıt's	atte	station

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: Date:

17. 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