

UNIVERSITY OF JAFFNA

Application for getting Financial Assistance

Full Name:							
Title:		Rev. / Sis. / Mr. / Mrs. / Ms. / Miss. (Please delete the inappropriate one)					
Contact Details:							
Permanent:							
Temporary:							
Mobile No:				Email id:			
NIC No:				District:			
GS division:				DS division:			
Course Details:							
Course of Study:				Faculty / Department / Unit:			
Registration No:				Academic Year:			
Year of Study:		1 st year / 2 nd year / 3 rd year / 4 th year / 5 th year (Please delete the inappropriate one)					
Are you accommodated in the University hostel:				Yes <input type="checkbox"/>		No <input type="checkbox"/> (Please tick the appropriate one)	
Are you physically impaired		Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>					
Are you married <input type="checkbox"/> Single <input type="checkbox"/>		If you are married, is your spouse employed <input type="checkbox"/> unemployed <input type="checkbox"/>					
		If your spouse works, the total annual income of your spouse:					
Family Details:							
Is your father Alive <input type="checkbox"/> Deceased <input type="checkbox"/>				Is your mother Alive <input type="checkbox"/> Deceased <input type="checkbox"/>			
If Father Alive				If Mother Alive			
Is he Physically impaired		Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>		Is she Physically impaired		Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Occupation:				Occupation:			
Annual income:				Annual income:			
Siblings Details:							
Number of Siblings	Schooling	Higher Studies		No. of employed		No. of unemployed	
	<input type="checkbox"/>	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Single <input type="checkbox"/>
Total Annual income from the Single employed siblings: (Please attach the supporting certified document)							
Annual family income:		Please tick (✓) the appropriate range below: (Please attach the supporting certified documents)					
Below Rs. 50,000 <input type="checkbox"/>		Rs 50,000 to Rs 100,000 <input type="checkbox"/>		Rs 100,000 to Rs 300,000 <input type="checkbox"/>		Rs 300,000 to Rs 600,000 <input type="checkbox"/>	
Above 600,000 <input type="checkbox"/>							
Is your family a Samurdhi beneficiary family:				Yes <input type="checkbox"/> (Please attach the supporting certified document)			No <input type="checkbox"/>
Expected Monthly Non-Academic Expenditures		Please tick (✓) the appropriate range below: (Cost for Communication, Food, Clothing, Accommodation, Transportation and etc.)					
Below Rs. 8,000 <input type="checkbox"/>		Rs 8,000 to Rs 15,000 <input type="checkbox"/>		Rs 15,000 to Rs 25,000 <input type="checkbox"/>		More than Rs 25,000 <input type="checkbox"/>	
Are you received any financial assistance / scholarships from the University (Please tick the appropriate one)							
Mahapola <input type="checkbox"/>	Bursary <input type="checkbox"/>	Any other scholarships/Financial assistance <input type="checkbox"/>					
		Name of the scholarships/Financial assistance:				Amount per annum:	

Any other scholarships/ Financial Assistance other than the University		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes	Name of the scholarships/Financial assistance:		Amount per annum:
Reasons for requesting scholarships/Financial assistance:			
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 the student: Date	
Certification of the Grama Niladhari and Divisional Secretary			
This is to certify that the parental income and other details given by Mr./Mrs./Miss is true and correct according to the details available at my office.			
Name of the Grama Niladhari:	
Signature and Official Seal of the Grama Niladhari:		Date	
Name of the Divisional Secretary:	
Signature and Official Seal of the Divisional Secretary:		Date	
Recommended / Not Recommended for Financial Assistance			
Justification:.....			
..... Student Counselor	 Date	
Recommended / Not Recommended for Financial Assistance			
..... Dean	 Date	
Recommended / Not Recommended for Financial Assistance			
..... Director / Students' Welfare	 Date	
For Office Use			
The above Student has / has not been selected for theFund/Financial Assistance			
..... Assistant Registrar / Welfare Services	 Date	