

APPLICATION FORM

**SNEHALOKA SCHOLARSHIP PROGRAMME
FOR UNIVERSITY UNDERGRADUATES OF UNIVERSITY OF KELANIYA
FOR THE ACADEMIC YEAR 2023 / 2024**

(Instructions to Applicant)

- All questions included in the application should be read carefully and answered in full.
- Particulars regarding sources of income and all other information should be stated in full. Particulars of income furnished by you should be correct and accurate, and will be checked with relevant authorities.
- Application should be duly filled by the applicant and handed over to the office of the Department of Finance.
- Incomplete applications will be rejected and a copy of the **National Identity Card** should be attached.
- The closing date for applications is **26/05/2025**.

APPLICATION FORM

SNEHALOKA SCHOLARSHIP PROGRAMME

FOR UNIVERSITY UNDERGRADUATES OF UNIVERSITY OF KELANIYA

FOR THE ACADEMIC YEAR 2023 / 2024

1. (a) Name of Applicant (with initials) :
(b) Names denoted by initials :
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2. Male / Female : Date of Birth:
3. National Identity Card No:
4. Permanent Address :
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5. Contact Details : Residence: Mobile:
Email :
6. Student Registration No :
- 7 (i) Department :
(ii) Academic Year :
(iii) Degree of Study :
8. District from which the applicant gained admission to University :
9. Distance in kilometers from your permanent residence to the university :
(01 Mile = 1.6 Km)

10. Family Details :

(i) Details of brothers and sisters :

Name	Date of Birth	Name of School / University / Other Institution or Employment

11. Income Details :

(i) Income status of Father / Mother / Guardian (Certified documents should be attached) :

Name	Relationship to the Applicant	Occupation	Name of the Employer	Annual Income (Monthly Gross Salary X 12)
	Father			
	Mother			
	Guardian			

(ii) Income derived by applicant or his/her Father/Mother/Guardian from lands / business premises/ houses/ business undertaking etc. :

Name of Owner	Relationship to the Applicant	Nature of Asset Business undertaking	Annual Income (Monthly Gross Income X 12)

12. Particulars of assistance received by the applicant from the Government / Local Government Institutions / Universities, Loans, Scholarships /Bursaries etc.

Type of Assistance (Loans, Bursaries, Scholarships etc.)	Name of Institution Establishment Granting such assistance	Amount received per year

13. State your special reasons, if any, as to why you feel you deserve to be selected for this Scholarship
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I, hereby declare that all the foregoing information given by me are true and accurate to the best of my knowledge and if any of the statements are found to be untrue or incorrect, the Trust Board in consultation with the university is entitled to reject my application before the award and/or terminate the award if it has already been granted.

Date : **Signature of Applicant**