

Vishwaparami Foundation Scholarship Program

Department of Health Promotion
Faculty of Applied Sciences
Rajarata University of Sri Lanka

For office use only

Date received:.....

Eligibility:.....

Starting date of scholarship:.....

Amount per month: Rs.....

Application Form

A) PERSONAL DETAILS

1. Name in full (Mr./Miss/Mrs.):-

.....

2. National identity card number:-.....

3. Date registered to the university:.....

(Attach a letter to prove your studentship and a copy of your university identity card)

4. Batch & Year of study:-.....

5. Registration Number:-.....

6. Current Grade Point Average (if you are not in first year/Semester1) :-

7. Permanent Address:-.....

8. Contact No. :-

9. District of residence:-.....

10. Accommodation:- Home With relatives Hostel Private boarding

If other (Please specify):

B) DETAILS OF YOUR PARENT/GUARDIAN

	Father	Mother	Guardian
Name			
Living or deceased			
Occupation			
Monthly income /Pension			

(Please attach valid documents to prove your family's monthly income; i.e. GS certificate, Samurdhi receipt, certified pay slip)

C) DETAILS OF YOUR BROTHERS AND SISTERS

Name	Gender	Age (yrs)	Married/ Unmarried	Employed/ Studying? (State the occupation if employed)	Place of Employment/ Studying

D) FINANCIAL POSITION OF APPLICANT

1. Approximate monthly personal expenditure while attending university.

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2. Do you currently receive any scholarship/financial assistance? Yes No

If yes, give details.

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3. Please provide details of your bank account(s) in case of crediting scholarship.

Name of the account holder: Account number:-.....

Bank:Branch:.....

4. Please elaborate, giving reasons, why do you think you are suitable to receive financial assistance under this scholarship.

Please give true and correct details. Your information will be treated highly confidential. (Please attach valid documents to support your statements wherever possible eg; Grama Niladhari certificate for income).

I hereby state that the above given particulars and the attached documents are true and correct to the best of my knowledge. I understand that if the above particulars are found to be false that the scholarship would be withdrawn and I would be made liable to pay back all funds received under this scheme.

Signature

Date

Recommendation of the Head, Department of Health Promotion

Recommended / Not recommended

Signature

Date