**AAUP STUDENTSHIP 2021**

FACULTY OF ARTS

UNIVERSITY OF PERADENIYA

Full Name:

Gender: Male Female

Reg. No.: National IT Number:

Marital Status: Single Married Divorced

Home Address:

Tel (Res.) Mobile Email (Essential –Write clearly)

District: Are you currently working: Yes No

If answer is yes, complete the section

Designation:

Name of Employer/Company:

Income per month:Rs.

Total family members currently living with you

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of Family Member | Relationship | Marital Status | Remarks |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

Details of Family Members Earning(add self income, if applicable)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name of Family Member | Relationship with applicant | Occupation | Organization Name | Monthly Earning  (Salary/Pension/Other) | Remarks |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Total Monthly Family Income | | | |  |  |

Brothers/Sisters/Children/Family Members studying

|  |  |  |  |
| --- | --- | --- | --- |
|  | Relationship with applicant | Name of institute | Fee per month (Rs) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total fee and tuition charges | |  |

Father’s statues: Alive Deceased

Professional statues: Employed Retired Business Owner

Total Monthly Home Income (Salary/ Pension/ Others)

Any Other Supporting Person (Mother/Guardian/Brother/Sister/Family Relative/Guardian)

Name Relationship

Occupation and Designation

Monthly Financial Support Available to Applicant (Rs)

|  |  |  |
| --- | --- | --- |
| Description | Monthly ( Rs) | Annual ( Rs) |
| Total Monthly/Annual Income of the Family |  |  |
| Total Monthly/Annual Expenditure of the Family |  |  |
| Net Monthly/Annual Disposable Income of the Family\* |  |  |

\*If the monthly/ Annual Disposable Income is negative, Kindly explain the reasons for the gap, and the arrangements through which the differential gap is met by the family

**Applicant’s educational record:**

Faculty

Year of Study GPA at the last examination

Subjects

1st Year

2nd Year

3rd Year

4th Year

\* If the candidate is a first year student who has not completed at least one semester his/her GCE

5. List other scholarships you receive (e.g. Mahapola / University Scholarship/Bursary /any other scholarships)

6 Any other information that you feel is important:

Please attach supportive documents (eg. Recommendation letters, Divisional Secretary and Medical reports, Samurdhi, Parents' Income salary slips/pay sheets, Death Certificates if / where necessary. etc.)

**STUDENT CERTIFICATION THAT ALL INFORMATION PROVIDED IS ACCURATE**

Student’s Signature Date

**NAME AND SIGNATURE, AS RECCOMMENDATION OF SENIOR STAFF MEMBER** (Please ensure that the form is complete before signing this document)

Name & Post Signature & Date