



FAITH & KNOWLEDGE

Serendib Educational Foundation

APPLICATION FOR SERENDIB SCHOLARSHIPS - YEAR 2018

FOR OFFICE USE		
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(PLEASE FILL IN ENGLISH, BLOCK CAPITALS TO ENABLE INPUT. DELETE AS APPLICABLE)

NAME IN FULL			AGE	YEARS	MONTHS
RESIDENTIAL ADDRESS			DISTRICT:		
TELEPHONES	YOUR OR YOUR PARENTS/GUARDIAN - HOME AND/OR MOBILE (FOR ANY CONTACT TO BE MADE):		EMAIL ID:		
FATHER	MR.	OCCUPATION:	MONTHLY INCOME/DECEASED		
MOTHER	MRS.	OCCUPATION:	MONTHLY INCOME/DECEASED		
GUARDIAN	MR./MRS.	OCCUPATION:	MONTHLY INCOME		
NUMBER OF SIBLINGS UNDER 18 YEARS	BROTHERS:	SISTERS:	MARRIED:	ANY OTHER ASSISTANCE RECEIVED	
PROPERTY	INCOME	LIVING IN --- OWN HOUSE / RENTED / SHARING			
ACADEMIC SUCCESSES					
LEADERSHIP	extra curricular achievements prefect, president of any school society, sports captain, cadet/scout etc.				

PERSONAL STATEMENT (briefly state why you feel that you should be selected/receive assistance)

G.C.E. O/L RESULTS				G.C.E. A/L RESULTS					
YEAR OF EXAM				YEAR OF EXAM					
ATTEMPT		1st	2nd	3rd	ATTEMPT		1st	2nd	3rd
SUBJECTS	GRADE	SUBJECTS		GRADE	SUBJECTS	SUBJECTS		GRADE	
01.	06.	01.		01.	02.		02.		02.
02.	07.	02.		02.	03.		03.		03.
03.	08.	03.		03.	04.General English		04.General English		04.
04.	09.	04.		04.	05.Common General Test		05.Common General Test		05.
05.	10.	05.		05.					06.

SCHOLARSHIP APPLIED FOR	: G.C.E. A/L: (Bio science/Maths/Commerce/Arts
	: University:((Bio science/Maths/Engineering/Commerce/Mgmt Arts
	: Shariah/Islamic Studies:
	: Other:(specify):

NAME OF SCHOOL/UNIVERSITY/INSTITUTION					
Course Begins on	Month	Year	Course Ends on	Month	Year

DETAILS OF OTHER SCHOLARSHIPS RECEIVED BY YOU	NAME OF SCHOLARSHIP/S	MONTHLY AMOUNT

I SOLEMNLY DECLARE THE FOREGOING IS TRUE IN EVERY RESPECT

SIGNATURE OF APPLICANT :..... DATE:.....

CERTIFIED:

..... PARENT/GUAR PRINCIPAL/JP/CHIEF TRUSTEE OF MASJID

NOTE : NO SUPPORTING DOCUMENTS REQUIRED WITH THIS APPLICATION