Application for Bursary 2024/25

1.	Registration Number	:		Contact No	0:			
2.	Full Name:							
3.	Date of Birth:	Year:	Month: .	Date:				
	Age as at 31.07.2024	Years:	Months	: Days:				
4.	Address:			-				
5.	Your present programme of study at the OUSL:							
6.	Registration at Degree Level (L3, L4, L5, L6) Have you registered any degree level courses in academic year 2024/2025? Yes No							
	Encircle the levels of courses you registered in academic year 2024/2025? L3 L4 L5 L6							
7.	Have you received any scholarship in the past? Yes No							
	If "Yes" Which award did	you receive?	Mahapola	University bur	sary Enrolment			
	Amount received Year/s received:			y Bursary	 Enrolment Bursary			
8.Inc	come Status Are you employed? (Inclusive of self-employmen	<i>t</i>)	Yes	No				
	Your annual income							
	Marital status (underline to the If married please answer the Number of family member Your spouse's income: Any other family income (Total family income:	following. rs :		Married/Divorced,	/Widowed			
I <u>.</u>	If you are unemployed and unnown Do you live with your part of "Yes" Please answer the Number of family member Number of school going sing Number of sisters/brother	ental family? following. rs (Parents + U isters/brothers	Yes nemployed siste					
Ι	If living age as at 31/07/	Yes	□ No					
	Mother Full Name:	Yes	□ No					

9.	activities at the OUSL?	cholarship or financial assistan	Yes No No				
	If so, give details:						
10.	Declaration made by the applicant:						
	(To be filled by the applicant in front of a Justice of Peace, Head of a school/Institution, Commissioner of Oaths,						
	Attorney-at-Law or Notary Public, a Commissioned Officer of Forces, A permanent Government/Local						
	Governemnt Officer, Grama Niladhari or the chief incumbent of a Buddhist Vihara or a place of worship of any						
	other religion in your area.)						
	Full name of the applicant :						
	Address of the applicant:						
	National ID number:						
	I declare that the information provided by me in this bursary application form is true and correct. I understand that any false or inaccurate information provided may result in disciplinary action taken against me. I also agree that the university reserves the right to withdraw a bursary at any time on disciplinary grounds or on my academic performance or due to change of my financial/family status.						
	Date		Signature of the applicant				
	To be filled by Attester						
	hereby certify that the applicant placed his/her signature in my presence.						
	Name of Attester:						
	Address of Attester:						
	Designation:						
		_					
	Official Stamp of Attester						
		Date	Signature of Attester				