



Society for Students Support - Department of Animal Science (SSS-DAS)

Department of Animal Science, Faculty of Animal Science and Export Agriculture,
Uva Wellassa University, Badulla 90000, Sri Lanka.

Application for Financial Support

Instructions for Completing the Application

- All fields must be completed. Incomplete applications will not be considered for financial support.
- Your application will be deemed incomplete if all relevant details are not provided in Section 2, B1.
- Ensure that copies of all relevant documents, such as student ID and medical reports, are attached. Applications without the required supporting documents will be considered incomplete.
- The duly completed applications should be forwarded with all relevant documents **under registered cover** to reach **Dr. G.G.N. Thushari, Secretary (SSS-DAS), Department of Animal Science, Uva Wellassa University, Passara Road, Badulla** on or before **24th October 2025**. Applications received after the closing date will not be considered.

Please provide accurate and truthful information. Your information will be treated with the utmost confidentiality

SECTION 01: APPLICANT INFORMATION

(A) Personal Information

A1) Name in full:

A2) Name with initials:

A3) NIC No.:

A4) Gender:

A5) Date of Birth (DD/MM/YYYY):

A6) Age (YY/MM):

A7) Mobile No:

A8) WhatsApp No:

A9) UWU Email:

A10) Contact No (Residence):

A11) Permanent Address:

A12) District and DS Division:

A13) Health status (healthy / seriously diseased/disabled): If seriously diseased or disabled, please provide information about the nature of the condition, the duration of the illness, and attach copies of relevant medical reports.

(B) Information Related to the Academic Programme

B1) Degree Programme:

B2) Registration Number:

B3) Current level of study:
(100/200/300/400 Level)

B4) CGPA:

B5) Current Accommodation: Home / With relatives / Hostel / Private boarding place / other (specify)



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SECTION 02 – PARENTS/GUARDIANS' INFORMATION

* Please complete the guardian's information column **only** if you are **not** under the care of your parents.

**** Please provide all necessary information in detail**

(A) Health Status of Parents/Guardian

	Father	Mother	*Guardian
A1) Age			
A2) Living or deceased			
A3) Health status: (healthy / seriously diseased/disabled). If seriously diseased or disabled, please provide information about the nature of the condition, the duration of the illness, and attach copies of relevant medical reports.			

(B) Income of Parents / Guardian

	Father	Mother	*Guardian
B1) Occupation: **If self-employed describe the nature of the job in detail. (E.g., If farmer: the extent of land, ownership of the land, types of crops cultivated., If labour: type of work, number of days of work, etc.)			
B2) Income (LKR /month)			

(C) Any Other Income of the Family

C1) Source of income (from properties/lands/crops (e.g., tea, rubber, coconut, fruit crops etc.):	C2) Income (LKR/month):
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(D) Recipient of any subsidiary schemes

D1) Name of the scheme (Eg: Samurdhi/Aswesuma etc):	D2) Income (LKR/month):
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(E) Properties owned by the family

Provide details of any properties owned by your family/ guardian (such as the extent of the land where the house is located, ownership of any other lands or paddy fields etc.). If your family is living in a rented house, mention that here:

(F) Gross Income of the Family (B2+C2+D2) income (LKR/month):



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SECTION 03 – DETAILS OF SIBLINGS

(A) Siblings Under Parental/Guardians' Care

(Under 18 years of age or attending higher education OR above 18 years of age with medical conditions)

A1) Age	A2) Gender	A3) Married/Single	A4) Studying/ Employed? (Give details such as Place, occupation etc)	A5) Health status If diseased/disabled, state the nature of the medical condition (Attach copies of medical reports)

SECTION 06 – FAMILY EXPENDITURE

A1) Type of Expenditure (E.g., utility bills, food, school, medical, house rent, tenure charges etc.)	A2) Amount (LKR/month):
•	
•	
•	
•	
•	
Total	

SECTION 07 – CURRENT FINANCIAL SUPPORTS

A1) Name of the Scholarship (If you are a recipient of Bursary scholarship, please state the reason for not receiving Mahapola scholarship):	A2) Amount (LKR/month):



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SECTION 08 – ACHIEVEMENTS *(Please list the achievements related to extracurricular activities, academics, research, and any other relevant areas, along with supporting evidence)*

SECTION 09 – SELF STATEMENT

(A) Please provide a brief explanation of why you believe you are a suitable candidate for receiving financial assistance, or list any other factors that make you a suitable candidate for receiving financial assistance via the SSS-DAS program. Please use only the space provided below. *(Please provide true and correct details. Your information will be treated highly confidential. Please attach valid documents to support your statements wherever possible)*

SECTION 10 – SUPPORTIVE DOCUMENTS

(A) Please attach the following documents.

Document	Relevant Section	Attached: Yes / No
A1) Copy of student identity card	Section 01 (B)	
A2) If relevant, the most recent pay slip of parents/guardians	Section 02 (B2)	
A3) If relevant, recent medical reports (yours/any family members under medical conditions)	Section 01 (A13), Section 02 (A3), Section 03 (A5)	
A4) If relevant, death certificates	Section 02 (A1)	
A6) Grama Niladhari Certificate provided with the application		
A7) Any other documents as evidence to support your application		



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SECTION 11 – DECLARATION

I confirm that the information provided above and in the attached documents is true and accurate to the best of my knowledge. I understand that if any of this information is found to be false, the scholarship may be withdrawn. I authorize the Selection Committee to make inquiries and to determine my eligibility for the scholarship. I authorize the Selection Committee to disclose the information given in this form to the University of Moratuwa if required

Signature of the applicant:

Date:

SECTION 12 – Recommendation by the Mentor

I recommend/do not recommend this application for consideration for the scholarship programme offered by the Society for Student Support – Department of Animal Science (SSS-DAS).

Name and Signature
of the Mentor:

Date:

SECTION 13 – Certification by Student Affair Division

This is to certify that Mr./Mrs./Miss.....
bearing the Registration Numberhas been studying at the Department of
Animal Science since At present he/she is in 1st/2nd/3rd/4th year and he/she has done/not done
the renewal of registration for this year.

Further, I certify that Mr./Mrs./Miss.....is obtaining/not obtaining
Mahapola/Bursary.

Signature and Official Stamp
of Senior Assistant Registrar
(Student Affairs Division):

Date:

For Office Use Only

Date received :
Marks received :
Eligibility :
Starting date of scholarship :
Amount/month : Rs.....
End date of scholarship :