

**APPLICATION FOR PROF. GAYE AND DR. BRYDEN KREBS SCHOLARSHIP  
FACULTY OF AGRICULTURE, UNIVERSITY OF PERADENIYA**

- (1) Name of the applicant : Mr. / Mrs.....
- (2) Date of Birth : .....
- (3) Postal Address : .....  
.....
- (4) Contact No. : .....
- (5) Grama Niladhari Division: ..... District: .....
- (6) Year of admission to the Faculty: ..... Reg. No.: ..... Academic Series: .....
- (7) Results of Examination:(1100 series)

Subjects	Grade	Year

- (8) Information of the parents/ guardian:  
(Note: Please complete the relevant cells of the table.)

	Living/ Deceased	Occupation	Average income (Rs/Month)
Father			
Mother			
Guardian			

Note: Please provide death certificate if father, mother or guardian is deceased.

- (9) Information of brother/s and sister/s:  
(Note: Please complete the relevant cells of the table.)

	Living/ Deceased	Grade if schooling	Year if undergraduate	Occupation if employed	Average income (Rs/Month)
Brother/ Sister - 1					
Brother/ Sister - 2					
Brother/ Sister - 3					
Brother/ Sister - 4					
Brother/ Sister - 5					

- (10) Details of financial assistance (*i.e. Scholarships, Assistantships, Awards, etc.*) received from the Faculty/ University/ Mahapola Trust Fund/ Ministry of Higher Education:

Name of the Scholarship/ Assistantship/ Award	Amount (Rs./Month)

- (11) Whether your family receives Samurdhi Benefits: Yes/ No

- (12) Any other information to justify your application:

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Date: ..... Signature of the Applicant

- (13) **Certification by Grama Niladhari:**

(Note: This section is to be completed by the Grama Niladhari)

I certify that Mr./ Ms. .... has been a permant resident in my Grama Niladhari Division from ...../ ...../ ..... to ...../ ...../ ..... and that

- (i) His/ Her character is .....
- (ii) He/ She has ..... brother/s and sister/s
- (iii) His/ Her parents income from employment and all other sources is Rs. .... per month.

Date: ..... Signature and official seal

- (14) **Certification by the Divisional Secretary:**

(Note: This section is to be completed by the Divisional Secretary)

Certified/ Not certified

Date: ..... Signature and official seal