

**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)

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

(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.)

(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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.....  
.....  
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Date: ..... Signature of the Applicant

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

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

I certify that Mr./ Ms. ..... has been a permanent 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

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(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