



CEYLON BAITHULMAL FUND

APPLICATION FOR G.C.E. ADVANCED LEVEL SCHOLARSHIP - 2024

1. **ONLY THOSE ELIGIBLE FOR ZAKATH SHOULD APPLY.**
2. **ONLY THOSE WHO HAVE A MINIMUM OF 28 MARKS FOR ACADEMIC QUALIFICATION SHOULD APPLY.**
[Academic Qualification Marks: A (4 marks), B (3 marks), C (2 marks) and S (1 mark)]
3. This application form must be completed in English, giving full and true disclosure of Information sought.
4. **Giving false information** may result in either cancellation of application already approved or termination of the Assistance.
5. Copies of relevant Certificates, **including testimonial from the Principal of the School must be attached.**
(Such documents will not be returned)
6. Duly completed Applications should reach.

Notes:

App.No: _____

The Secretary,
Ceylon Baithulmal Fund,
44 A, Haig Road, Bambalapitiya,
Colombo-04.

On or Before 31st May 2024

01. Full Name: _____
(In Capital Letters, Surname in **Bold** letters)

02. Applicant's Age: _____ Years NIC No: _____

03. Date, Place of Birth & Sex:

_____	_____	_____	_____	_____
Day	Month	Year	Place	Sex

04. Home Town and District:

_____	_____
Home Town	District

05. Postal Address:

06. Contacts:

Mobile: _____ Tel: _____
Email: _____

07. **G.C.E. (Ordinary Level)**

Names and Addresses of Schools attended	Period of Study	Medium	District
_____	_____	_____	_____

08. Details of GCE (Ordinary Level) Exam Results: (Only December 2022 Exam Results will be accepted)

(a) Year: (b) Index No:

No	Subjects	Grading	No	Subjects	Grading
01.			06.		
02.			07.		
03.			08.		
04.			09.		
05.			10.		

(Attach certified copies of the results)

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09. G.C.E. (Advanced Level) - Arts / Commerce / IT / Bio / Double Maths / Others

Name and Address of School	Stream	Medium	Subjects

PART: B - FINANCIAL

(a). Father/ Guardian; Name:..... Mother:.....

Age:years

Age:.....years

Occupation:.....

Occupation:.....

If the Father is not the guardian, the reason:

Relationship of Guardian to the Applicant:

Monthly:

(b). Income from Employment/Pension:

Father's Rs:.....

Mother's Rs:.....

(c). Income from other sources: (Business, Agriculture, Rents, etc.)

Rs:.....

(d). Contribution from employed Family members:

Rs:.....

(e). Assistance from relatives:

Rs:.....

Total Rs:.....

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Particulars of the applicant's family:

(f). Dependents living with the family: Grandparents, Relations and Brothers/Sisters not studying.

No	Name	Age	Sex	Relationship	Marital status	Occupation	Monthly Income (If any)
01							
02							
03							
04							
05							

Dependents: ()

(g). Own Brothers/ Sisters studying.

No	Name	Age	Sex	Relationship	Grade/University - Field of study
01					
02					
03					
04					
05					

Children studying: ()

(h) Is the house occupied by your parents/ family, owned by the family: YES / NO

(i) If the house occupied by your family is rented, state monthly rent paid: Rs:.....

(j) Receipt of financial assistance from other institutions: YES / NO. If yes, Rs:..... per month

PART: C - EXTRA CURRICULAR ACTIVITIES

State briefly under each category

01	Other Educational Achievements		
02	Sports		
03	Literary & Debating skills		
04	Prefect/Leadership		
05	Competitions taken part		
06	Scouting/cadetting		
07	Prizes/awards/scholarship		
08	Social/community service		
09	Madrasa/Islamic activities		

PART: D - MISCELLANEOUS

State/ Give details, if any one or more of the understated is relevant to you:

No	Category	Yes	No	Details if applicable	
01	Orphan (Father not living)				
02	Illness/Handicaps of applicant				
03	Parents Divorced/Separated				

PART: E - MISCELLANEOUS - SPECIAL CASES

State/ Give details, if any one or more of the understated is relevant to you: -

No	Category	Yes	No	Details	
01	Illness/ Handicaps of immediate relations				
02	Refugees/ Displaced				
03	Victims of natural disasters				
04	Backward/ Remote area				

(13) Applicant's Declaration

I of
..... do hereby solemnly, sincerely and truly declare and affirm that the particulars furnished by me in this Application Form are true and correct to the best of my knowledge and belief. If any information is found to be incorrect, I am aware that I am liable to be disqualified before or after the selection. I undertake to submit to the CBF a periodic report of my studies and to keep the CBF informed of my progress and change of circumstances at all times.

Date:

.....
Signature of Applicant

(14) Declaration of the Parents/ Guardian

I do hereby declare that what is declared above is true to the best of my knowledge and belief and I am also aware that furnishing false information could result in the termination of the assistance to my child/ ward.
I do solemnly and sincerely declare and affirm that I am in need of financial assistance for the GCE Advanced Level Education of our son /daughter and **we are eligible to receive Zakat.**

Date:

.....
Signature of Parent / Guardian

(15) Recommendation of the Mosque

This is to certify that Mr/Ms.....of
No.....is a Member
of our Mosque Mahallah and according to the best of our knowledge he/she is **eligible/not eligible to receive Zakat.**

We further certify the following:

Family Particulars

Father/Guardian - Name..... Age..... Mother..... Age.....
Occupation..... Occupation.....

Income from Employment/ Pension. Rs..... Rs.....

Income from other sources - (Business/Agriculture/ Rent etc. Rs.....

No of members in the family: Brother..... Sisters.....

Any other dependents: (state relationship)
.....

Particulars of Residence:

Is the house occupied by the parents/family owned by the family : YES/NO

Construction of Building: Single storey/ Two storeys/ Three storeys (delete inapplicable)

Land extent : perches.

If the house occupied is rented, state monthly rent paid: Rs.....

Does the family own a vehicle: Motor Car / Motorbike/Three Wheeler:

Make..... Value Rs.

Special Circumstances if applicable

Is the applicant an orphan: YES/NO

Parents DIVORCED/SEPARATED

Illness/ disability of applicant/ parents/ siblings.

Any other comments

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.....
.....

.....
President/Secretary Date:.....
Board of Trustees - (Please place the Official Seal)

Required and Attached Supporting Documents – Checklist

No	Details	✓	No	Details	✓
01	Copy of NIC		04	Copies of Certificates of Extra Curricular activities	
02	Copy of Birth Certificate		05	Medical evidence of illnesses if applicable	
03	Copy of O/L results		06	Certificate of divorce/death where applicable	