

Application for Extension of Period of
SISUMINA Scholarship

1. Name of the Mother/Father/Guardian:
-
2. Name of the Scholar:
3. Address:
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4. Sisumina Student No. and Date :
5. Date of Completion of Approval Period: :
6. Grade and the School wherein the child is studying as at that date:
7. Certification of Grama Niladhari :

I guarantee /do not guarantee that this child in my area is eligible for a scholarship as she/he is a child of low income earning and helpless family.

.....
Grama Niladhari

8. Recommendation of the Divisional Secretary

Above mentioned child residing in this division receives/does not receive a scholarship offered by the Government.

I recommend/do not recommend granting a scholarship to this child as she/he is a child of low income earning and helpless family.

.....
Divisional Secretary

9. Duration Recommended: From..... to.....

.....

Probation Officer

10. I recommend that it is appropriate to continue to provide Sisumina scholarships during the above period.

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Probation Officer in Charge

11. It is appropriate to grant the scholarship of Rs..... monthly from.....to

.....

Probation Officer (Headquarters)

12. I recommend / do not recommend extending the period of Sisumina scholarship.

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Assistant Commissioner

13. Approved/ Not Approved

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Commissioner