



FAITH - UNITY - DISCIPLINE  
ESTD. 1950

# All Ceylon Young Mens' Muslim Association Conference

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அகில இலங்கை முஸ்லிம் வாலிபர் சங்க பேரவை

(Incorporated by Act of Parliament No. 31 of 1968)  
A Government Approved Charitable Non-Political Organisation



## Headquarters:

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28<sup>th</sup> September, 2024

## ACYMMAC Scholarship 2024

The All-Ceylon Young Men's Muslim Association Conference is primarily a Youth and Youth serving Community-based organization founded on the 30th of April 1950, which is rendering yeoman service to the community for over the last 70 years. The Conference is national in outlook with over 100 Branches spread over the length and breadth of Sri Lanka.

The All-Ceylon YMMA Conference, as one of its major projects, this year will grant 250 Scholarships to 250 Students who sat for the G.C.E. O/L exams in 2023 (2024). The scholarship is an 18-month funded program which will commence from the 1<sup>st</sup> of January 2025.

Students will be selected from among the most deserving and who outperformed at the O/L Examination through interviews held at Kandy, Kegalle, Anuradhapura, Beruwala, and Colombo. The recipients can apply through their respective YMMA branches or via online platforms (Google Forms). The PDF of the Scholarship application and the instructions sheet will be available to download on ymma.lk, through the All-Ceylon YMMA Conference Facebook page from the 01<sup>st</sup> of October 2024 onwards.

Option of posting the duly completed application form (Hard copy) along with the required attachments can be sent to **The Secretary, All Ceylon YMMA Conference, No 63, Sri Vajiragnana Mawatha, Colombo – 09**

1. Eligibility
  - (a) Both Male and Female students who sat for the GCE O/L examination for the year 2023 (2024) held on 06<sup>th</sup> May 2024.
2. Selection criteria (Necessary Qualification)
  - (a) 5 - A passes are compulsory
3. Scholarships are to be offered to all 25 districts, with an estimated 10 students per district. Numbers may vary based on A/L rankings and will be moved around to facilitate the requirement.
  - (a) The Scholarship application form must be filled only in English.
  - (b) The final receiving date of the Scholarship application will be 31<sup>st</sup> October 2024.
  - (c) Certification by the applicants' current school principal is **COMPULSORY**.
  - (d) Member YMMA certification is **COMPULSORY**.
  - (e) In case there is no Member YMMA in your area certifying by your area Masjid is **COMPULSORY**.
  - (f) Row no 15 & 21 monthly income proof should be attached.
  - (g) Row no 31, 32, 33, 34, 35 photocopies of the requested documents should be attached.
  - (h) The duly filled scholarship application form with the necessary documents can be mailed to [acymmac@gmail.com](mailto:acymmac@gmail.com) (PDF format only)
  - (i) **Only applications with above mentioned certifications will be accepted.**

Asif Shukri

National General Secretary



Rizvi Farouk

Chairman – Scholarship Project



**ACYMMAC SCHOLARSHIP FORM 2024**

**ADDITIONAL INFORMATION**

1. This form needs to be filled only in ENGLISH .
2. If any additional details needs to be included please be kind enough to add a separate sheet mentioning the row number . Eg row 22.
3. Applications will be rejected if the below mentioned certifications are not complied with .

FOR OFFICE USE ONLY	
MEMBER YMMA	
DISTRICT	
REFERENCE CODE	

**CLOSING DATE : 31ST OCTOBER 2024**

1 NAME IN FULL			
2 NAME WITH INITIALS			
3 PERMANENT ADDRESS			
4 POSTAL CODE		5 DISTRICT	
6 CONTACT DETAILS			
EMAIL HOME		MOBILE	
7 DATE OF BIRTH		8 GENDER	
			9 AGE
10 NIC / PASSPORT NO			

**FAMILY DETAILS**

11 FATHERS NAME			
12 AGE		13 STATUS	ALIVE / EXPIRED / SICK / DISABLED / DIVORCED
14 EMPLOYMENT	EMPLOYED / BUSINESS / UNEMPLOYED / RETIRED		
15 MONTHLY INCOME	Rs. _____	( Attach income proof letter or salary slip )	
16 DETAILS OF EMPLOYMENT ( TITLE AND EMPLOYER /BUSINESS / REASONS IF UNEMPLOYED )			
17 MOTHERS NAME			
18 AGE		19 STATUS	ALIVE / EXPIRED / SICK / DISABLED / DIVORCED
20 EMPLOYMENT	EMPLOYED / BUSINESS / UNEMPLOYED / RETIRED		
21 MONTHLY INCOME	Rs. _____	( Attach income proof letter or salary slip )	
22 DETAILS OF EMPLOYMENT ( TITLE AND EMPLOYER /BUSINESS / REASONS IF UNEMPLOYED )			

**23 FAMILY MEMBERS**

NAME	GENDER	AGE	STATUS	OCCUPATION / STUDENTSHIP	MONTHLY INCOME

TOTAL INCOME PER MONTH \_\_\_\_\_

**24 DWELLING**

OWN HOUSE		RENTED HOUSE	
HOSTEL /QUARTERS		REFUGEE CAMP	
OTHERS			

**EDUCATIONAL DETAILS**

25 SCHOOL ATTENDED FOR GCE O/L

26 GCE O/L RESULTS 2023 YEAR OF EXAM

SUBJECT	GRADE
ISLAM	
MATHS	
SCIENCE	
ENGLISH	
LANGUAGE :	

OTHER SUBJECTS	GRADE

27 RESULTS SUMMARY (ATTACH A COPY OF GCE O/L RESULTS SHEET)

A  B  C   
 S  W

28 G.C.E. ADVANCED LEVEL

LANGUAGE

SUBJECT  MATHS   
 COMMERCE   
 IT / TECHNOLOGY

BIO SCIENCE   
 ARTS

29 SCHOOL ATTENDING FOR G.C.E A/L

30 DETAILS OF SCHOLARSHIP RECEIVED / CURRENTLY RECEIVING BY YOU

	NAME OF THE SCHOLARSHIP	AMOUNT

**PHOTOCOPIES OF THE FOLLOWING DOCUMENTS  
NEEDS TO BE ATTACHED**

31 BIRTH CERTIFICATE

33 G.C.E.O/L RESULTS SHEET

34 LETTER CONFIRMING FAMILY INCOME

35 IF FATHER / MOTHER ARE DECEASED , DEATH CERTIFICATE

32 NIC / PASSPORT

I , THE UNDERSIGNED ..... DO HEREBY DECLARE  
 THAT THE INFORMATION FURNISHED BY ME ARE TRUE AND CORRECT TO THE BEST OF MY  
 KNOWLEDGE .

.....  
 DATE SIGNATURE OF THE APPLICANT

**TO BE CERTIFIED BY THE SCHOOL PRINCIPAL**

I, THE UNDERSIGNED ..... PRINCIPAL OF.....  
 DO HEREBY CERTIFY THAT, I HAVE VERIFIED THE ABOVE DETAILS AND FIND THEM TO BE CORRECT TO THE BEST OF MY  
 KNOWLEDGE AND BELIEF. ALSO IS CERTIFY THAT THE APPLICANT IS CURRENTLY STUDYING AT OUR SCHOOL AND THAT THE  
 INFORMATION GIVEN BY THE APPLICANT IS TRUE AND CORRECT.

.....  
 NAME OF PRINCIPAL SIGNATURE OF PRINCIPAL

SEAL OF THE SCHOOL

**TO BE CERTIFIED BY THE MASJID BOARD**

.....  
 NAME POSITION

SEAL OF THE MASJID

**TO BE CERTIFIED BY THE MEMBER YMMA ONLY**

WE DECLARE THAT THE ABOVE APPLICATION HAS BEEN CHECKED AND SCRUTINIZED BY US AND ALL INFORMATION GIVEN ARE  
 TRUE AND CORRECT. WE RECOMMEND THE APPLICANT IS ENTITLED FOR ZAKATH.

MEMBER YMMA: AFFILIATION NO: Y /.....

PRESIDENT OR SECRETARY

SEAL OF MEMBER YMMA

SPECIAL COMMENTS IF ANY: SIGNATURE .....

NAME .....

MOBILE.....