SRI LANKA LAW COLLEGE

NOTICE

Kanchana Abehayapala Memorial Scholarship – 2025

Applications are invited for consideration for the award of the above Scholarship.

- The value of the Scholarship is LKR 5,000/-

Criteria:

1. Should not be more than 28 years of age on January 01, 2025.
2. Should have done well at the Law College Entrance Examination.
3. Should not be a recipient of Mahapola Scholarships.

Selection will be based on:

(i.) Performance at the Entrance Examination in order of merit.
(ii.) Economic need.

It is the donor's wish that these Scholarships be given to needy & deserving Law College students.

Duly filled application forms should be posted to Sri Lanka Law College/handed over to the Reception, Law College (please mention the Scholarship you are applying for on the envelope) or email scholarships@sllc.ac.lk, on or before June 30,2025

PRINCIPAL
May 30, 2025

Application No. **10**

SRI LANKA LAW COLLEGE SCHOLARSHIP FOR STUDENTS
APPLICATION FORM
YEAR-2025

Name of the Scholarship: Kanchana Abehayapala Memorial Scholarship

1. Full Name of the Applicant :- (Mr./M/Ms) .....

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2. Name with Initials :- .....

3. Age (2025 01.01) :- ..... Date of Birth:- .....

4. National Identity Card No :- .....

5. I. Law College Registration No :- .....

II. Year you entered the Law College:- .....

III. Academic Year (Preliminary/Intermediate Final) :- .....

IV. Entrance Examination Marks and Year :- .....

6. Results of the Preliminary/Intermediate Year Examinations

Year	Examination	Results	Average

7. Permanent Address:- .....

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8. Contact Telephone Number :- .....

9. Name of the Father/Guardian :- .....

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10. Nature of his employment :- .....

Annual Income:- Rs. .....

If mother is employed :-

Nature of employment :- .....

Annual Income:- Rs. .....

11. Other sources of annual income :- .....

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13. Do you receive Mahapola scholarship ? (Yes / No)

12. Name of Brothers and Sisters under 21 years of age :-

Name in full	Age	If studying, Present School / University

certify that the particulars mentioned here are true and correct.

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Date Signature of the applicant

Name of Grama Niladhari certifying income:-

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Name of Divisional Secretary/Add. Divisional Secretary.....

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Address of D.S.'s/A.D.S.'s Office:- .....

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Signature of D.S./A.D.S. :- .....

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Rubber Stamp of D.S. /A.D.S. :-

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For official use only