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கூட்டிணைக்கப்பட்ட சட்டக்கல்விப் பேரவை - இலங்கை சட்டக் கல்லூரி  
THE INCORPORATED COUNCIL OF LEGAL EDUCATION - SRI LANKA LAW COLLEGE

## A.B. Colin De Soysa Scholarship – 2026

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

- Four (04) Scholarships each worth LKR 5,750/-

### Criteria:

1. Should be permanent residents of the **Kurunegala District**.
2. Should not be recipients of Mahapola Scholarships.

It is the donor's wish that this Scholarship be given to needy and deserving Law College students from the Kurunegala District. Students from the North Western Province may also apply, but they will be considered only if there are no suitable applicants from the Kurunegala District.

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@slc.ac.lk](mailto:scholarships@slc.ac.lk), on or before **June 15, 2026**

PRINCIPAL

May 05, 2026

ලිපිනය } 244, අල්ස්ටර් පාර, කොළඹ 12, ශ්‍රී ලංකාව  
முகவரி } 244, புதுக்கடை வீதி, கொழும்பு 12, இலங்கை  
Address } 244, Hulstorp Street, Colombo 12, Sri Lanka

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தொலைபேசி எண் } +94 112 473 119  
Telephone Number }

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மின்னஞ்சல் } enquiries@slc.ac.lk  
Email }

[www.slc.ac.lk](http://www.slc.ac.lk)



**SRI LANKA LAW COLLEGE SCHOLARSHIP FOR STUDENTS**  
**APPLICATION FORM**  
**YEAR-2026**

**Name of the Scholarship: A. B. Colin De Soysa Memorial Scholarship**

- 1. Full Name of the Applicant: - (Mr. /M/Ms) .....
- 2. Name with Initials: - .....
- 3. Age: - ..... 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:- .....
- 8. Contact Telephone Number: - .....
- 9. Name of the Father/Guardian: - .....
- 10. Nature of his employment: - .....
- Annual Income:- Rs. ....
- If mother is employed :-
- Nature of employment: - .....
- Annual Income:- Rs. ....
- 11. Other sources of annual income: - .....

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

13. 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

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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