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

Kanchana Abehayapala Memorial Scholarship – 2026

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

- The value of the Scholarship is LKR 25,000/-

Criteria:

1. Should not be more than 28 years of age on January 01, 2026.
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@slc.ac.lk, on or before June 15, 2025

PRINCIPAL

May 05, 2026

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முகவரி } 244, புதுக்கடை வீதி, கொழும்பு 12, இலங்கை
Address } 244, Hulftsdorp Street, Colombo 12, Sri Lanka

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தொலைபேசி எண் } +94 112 473 119
Telephone Number }

විද්‍යුත් තැපෑල }
மின்னஞ்சல் } enquiries@slc.ac.lk
Email }

www.slc.ac.lk



Application No. 10

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

Name of the Scholarship: Kanchana Abehayapala Memorial Scholarship

1. Full Name of the Applicant: - (Mr. /M/Ms)
-
-
2. Name with Initials: -
3. Age (2026 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:-
-
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: -
.....
.....

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.

.....

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.:-

.....

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

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For official use only