AAFL EDUCATION TRUST

OF THE ALUMNI ASSOCIATION OF THE FACULTY OF LAW UNIVERSITY OF COLOMBO

APPLICATION FOR SCHOLARSHIP/FINANCIAL ASSISTANCE

- 1. Students enrolled with the Faculty of Law and who have not completed their final year examinations are eligible to apply.
- 2. Financial assistance will be granted only to students who have not received any other scholarship, bursary, or grant, and will be based on financial need.

Faculty of Law, University of Colombo,

94, Cumaratunga Munidasa Mw,

Colombo-07.

- 3. This Application Form must be completed in English giving a full and true disclosure of the information sought.
- 4. Providing **false information** may result in either cancellation of application already approved or termination of the assistance granted.
- 5. This Form should be accompanied by a Certificate from the relevant Grama Niladhari
- confirming the information in Part B of this form. 6. Duly completed Applications should reach -The Dean.

Applio	cation No. : [for office use]					
01.	Full Name:		T G 2: 1:		D III (c.)	
			-	Letters, Surname in		
02.	Applicant's Age:		Years		NIC No:	
03.	Date, Place of Birth & Gender:					
	Bruit de Condoi.	Day	Month	Year	Place	Gender
04.	Home Town and District:					
05.	Student Registration Number		Hom	e Town	District	
06.	Permanent Address: Temporary Address:					
07.	Contacts Numbers: Phone: Land: Mobile Emai Address:					
08.	Study details: University Year 1					

Year 11, Year

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10. G.C.E. (Advanced Level) Results

No	Subjects	Grading
01.		
02.		
03.		
04		

04					
		_			
Z. Score	Distr	rict Rank	Island Rank		
PART: B - FINANCIAL					
(a). Father Nam	ıe:	Mother:			
Age:years		Age	years		
Occupation:		Occupation:			
Monthly:					
(b). Income from Employment/Pens	sion:	Father's Rs:			
		Mother's R	ls:		
(c). Income from other sources: (Bu	siness, Agriculture, Rents,	etc.)	Rs:		
(d). Contribution from employed Fa	mily members:		Rs:		
(e). Assistance from relatives:		Rs:			
(f). Assistance in the nature of a sch	ıolarship		Rs.:		
		Total I	Rs:		
If you are receiving any scholarshi	ps/bursaries or grants.				
i. The name of the scho	olarship:				

Particulars of the applicant's family:

Duration:

Amount per month:

(g). Dependents living with the family: Grandparents and Relations

No	Name	Age	Sex	Marital status	Occupation	Monthly Income (If any)
01						
02						
03						
04						
05						

(h). Own Brothers/ Sisters

ii.

iii.

No	Name	Age	Sex	Relationship	Grade/University - Field of study
01					
02					
03					
04					
05					

(h)	Is the house occupied by your pare	nts/ fam	ily, own	ed by th	e family: YES / NO			
(i)	If the house occupied by your family is rented, state monthly rent paid: Rs:							
(j)	Receipt of financial assistance from other institutions: YES / NO.							
(J)	•				Rs per month			
	if yes, Name of histitution/s				Ks per month			
	RT: C - EXTRA CURRICULAR A	<u>ACTIVI</u>	TIES					
	e briefly under each category							
	Other Educational Achievements							
	Sports							
	Literary & Debating skills							
04	Prefect/Leadership/Member of a team							
05	Aesthetic and Cultural activity							
	Competitions taken part							
	Scouting/cadetting / Girl Guides							
	Prizes/awards/scholarship/medals/							
	university colours							
09	Social/community service							
10	Publication/Research during							
	academic career							
PAI	RT: D - MISCELLANEOUS							
	e/ Give details, if any one or more o	f the und	derstated	is relev				
No	Category	Yes	No		Details if applicable			
01	Orphan							
02	Illness/Handicaps of applicant							
03	<u> </u>							
	Single parent							
PAI	RT: E - MISCELLANEOUS - SPE	ECIAL	CASES					
	e/ Give details, if any one or more o			is relev	ant to you:-			
No	Category		Yes	No	Details			
01	Illness/Handicaps of immediate r	elations						
02	Refugees/Displaced							
03	Victims of natural disasters							
04	Backward/Remote area							
	·			•				
(13)	Applicant's Declaration							
	ī			of				
					do hereby solemnly, sincerely and truly decication Form are true and correct to the best of			
	_	-			e incorrect, I am aware that I am liable to	-		
	disqualified before or after the sele	ection.	I underta	ike to s	ubmit to the Association a periodic report of	my		
					ress and change of circumstances at all times			
	be disqualified from siting any exam				l with/abandon my studies at the Faculty of Lav	w or		
	oc disqualified from string any exam	mation	or the 1's	acuity 0	LLUY			
	_							
	Date:				Cimplement Annliquet			
					Signature of Applicant			
	\ \							

(14) Recommendation of the Dean