



# Sri Lanka Canada Friendship Association of Edmonton

## Application for Annual Academic Scholarships for Post-Secondary Studies

**SLCFA - EDMONTON**

To Apply for Academic Scholarships for Post-Secondary Studies awarded by the Sri Lanka Canada Friendship Association of Edmonton (SLCFA), please forward a completed copy of this form with copies of supporting documentation to: President, SLCFA, Cedars Professional Park, 2913 - 66 Street, Edmonton, Alberta, Canada.T6K 4C1.

### Eligibility Criteria:

1. Should have gained admission/be enrolled for further studies at a post-secondary institution.
2. Should have achieved an average of 91.0 % or higher at the High School Diploma Examination for five courses including the core courses applicable for Provincial Education of applicant's high school and, any other 30 Level courses. For example, in Alberta, the core courses are Language Arts – 30 Level and Social Studies – 30 Level.
3. Should have been a member\* of the SLCFA in good-standing for a consecutive period of three years at the time of achieving the Eligibility Criterion 2 and at the time of application for the scholarship.
4. Should have participated in a minimum of 25 hours of volunteer activity in any community organization including SLCFA.

### Checklist of Supporting Documents:

- Proof of Registration or Verification of Enrollment received from a post-secondary institution
- A copy of the High School Diploma Transcript issued by the provincial government or equivalent. SLCFA may request an official copy of the transcript at a later date prior to awarding the scholarship
- Volunteer certification letters

Applicant's Name: ..... Scholarship Year: .....

Address:.....

High School Attended: .....Completion Year of High School Diploma: .....

The five High School Diploma subjects and marks: .....

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Post-Secondary Institution and Program of Studies (intended): .....

Parent/Guardian's Name: .....

Parent/Guardian's Contact Phone Number: .....

Parent/Guardian's Address (if different from applicant's):

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I hereby confirm that I am a member of the SLCFA for a consecutive period of three years including this year and the copies submitted are true copies of the original documents.

Signature of the Applicant: .....  
(Student)

Date: .....

Signature of the Witness: .....  
(Parent/Guardian or other Adult SLCFA Member):

Date: .....