



**SRI LANKA - NATIONAL COMMITTEE**  
**STUDENT APPLICATION FORM 2026**

All applicants must fill this form. Please use all CAPITAL LETTERS to fill this form if it is handwritten.

Modes of submission of the application form: Email the completed forms to [info@lk.uwc.org](mailto:info@lk.uwc.org). You may also ask the referees to send the recommendation to this email address.

Instructions:

- Complete all sections of the application form to the best of your ability.
- If you have completed the GCE Ordinary Level (Local/International equivalent) exams in 2024/5, **please provide your exam results**. Those candidates that meet the age criteria but have not completed the GCE Ordinary Level exams **may submit the latest term test results authorized by a school official**.
- The maximum word limit for the essay questions is 500 words.
- **SUBMIT TWO REFERENCES with this application.**

Eligibility Criteria:

Applicants applying through the UWC National Committee of Sri Lanka (UWCSL) must be at least one of the following:

- A Sri Lankan citizen
- Applicants must be born between September 1st 2006, and December 31, 2009.
- Applicants may only apply through one National Committee or entry process – parallel applications will result in disqualification from applying. (For example, a Sri Lankan citizen residing outside Sri Lanka can only apply through one National Committee, preferably their country of citizenship.)

**SECTION 1- Personal Information**

Please carefully read this section and complete all applicable questions.

Enter your Family Name/ Surname/ Last Name: \_\_\_\_\_

Enter your First name: \_\_\_\_\_

Middle name(s): \_\_\_\_\_

Select your gender as specified on your birth certificate.

Male \_\_\_

Female \_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (YYYY/MM/DD)

Nationality: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Contact Number: \_\_\_\_\_

Home Contact Number: \_\_\_\_\_

**Permanent Home Address**

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

**Please enter your mailing address if different from your permanent address above**

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

**SECTION 2 - Academic Information**

Please carefully read this section and complete all applicable questions.

Please fill in the information below about your present school

Name of School: \_\_\_\_\_

Address of School : \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

Email address of school: \_\_\_\_\_

Telephone number of school: \_\_\_\_\_

Name of the Head of school (Principal): \_\_\_\_\_

Email address of the Head of school: \_\_\_\_\_

**Grade Report**

Fill out the table below. List the subjects that you currently study at school and your most recent grades.

i) Grade: \_\_\_\_\_

ii) Exam Type/name \_\_\_\_\_

<b>Subject</b>	<b>Grade</b>

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Extra-curricular activities

Fill out the table. List any clubs or activities at school in which you take part: examples include sports, creative activities or volunteer projects. List up to 5 activities, indicating the level of involvement, time spent and responsibilities.

Activity	Time spent in a week	Responsibilities

What do you plan to do once you have completed high school?

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How did you hear about UWC (Please select all that apply)?

- Teacher/ Guidance counsellor
- Principal
- College counsellor
- Friend or family
- Alumni
- Internet
- Social Media
- Newspaper
- other \_\_\_\_\_

**SECTION 3 - Life outside of school**

Please carefully read this section and complete all applicable questions. This section applies specifically to activities outside school, i.e. not affiliated with the school.

**What are your favourite activities outside of school?** How do you spend your leisure time? For example, creative activities, employment, sports, volunteer projects or other hobbies. Please list up to 5 areas of involvement indicating the level and time of involvement and responsibilities.

Activity	Time spent in a week	Responsibilities

**What do you consider to be your best qualities?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What do you consider to be your greatest accomplishments?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What language do you speak at home?**

\_\_\_\_\_

**What other languages do you speak?** List them all, and indicate how well you understand each language.

Language	Level of understanding		
	Basic user	Independent user	Proficient user

**SECTION 4 - Essay questions**

Please carefully read this section and complete all applicable questions

Please complete each of the 3 essay type questions below (500-word limit). Be sure to state the title of the question in each essay.

1. Provide a statement explaining why you are interested in attending a UWC school/college, and reflecting on UWC's Mission and Values, what you would contribute to the school/college and what do you hope to gain from the experience. Limit to 500 words

2. Describe an important event/experience from your life. What effect did it have on you? Limit to 500 words

**SECTION 5- Applicant's Agreement**

Please carefully read this section and complete all applicable sections.

I have read and understood the information section at the beginning of this application form. I have discussed all aspects of the commitment involved in applying for entry to a UWC school/college with my parent(s)/guardian(s). Should my application be successful and I be nominated for a placement at a UWC school/college, I understand that the final decision to accept my nomination lies with the UWC school/college to which I am being nominated. If my nomination is accepted, I hereby undertake to observe the rules, regulations and guidelines of the school/college. I recognize that the school/college has the right to exclude me for violations of such rules, regulations and guidelines.

Please sign and date below:

\_\_\_\_\_  
Applicant's signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

**Parent/Guardian Consent**

To be completed by the person(s) who has legal duty of care for the student.

**Person 1**

How are you related to the applicant? \_\_\_\_\_

Enter your Family Name/ Surname/ Last Name: \_\_\_\_\_

Enter your First name: \_\_\_\_\_

Please enter your permanent Home address.

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Contact Number: \_\_\_\_\_

Home Contact Number: \_\_\_\_\_

Fax Contact \*if available\*: \_\_\_\_\_

**Person 2**

Enter your Family Name/ Surname/ Last Name: \_\_\_\_\_

Enter your First name: \_\_\_\_\_

Please enter your permanent Home address.

Address: \_\_\_\_\_

Street: \_\_\_\_\_

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City: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Contact Number: \_\_\_\_\_

Home Contact Number: \_\_\_\_\_

Fax Contact \*if available\*: \_\_\_\_\_

Please give a brief description of any medical or mental health concerns, physical impairments, serious illnesses or allergies that the applicant may presently have or had in the past.

Please list any special dietary requirements that the applicant may have for medical, religious or ethical reasons.

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Parent/Guardian's Signature

I/We have read and understood the information section at the beginning of this application form and the application for entry to UWC made by my/our son/daughter/ward; I/we have discussed all aspects of the commitment involved, and this application has my/our full approval. Should his/her application be successful and he/she be nominated for a placement at a UWC school/college, I understand that the final decision to accept his/her nomination lies with the UWC school/college to which he/she is being nominated. Should the nomination be successful, I/we hereby undertake for myself/ourselves and for him/her to observe the rules, regulations and guidelines of the school/college. I/We acknowledge that the school/college reserves the right to exclude my son/daughter/ward for violating its rules, regulations, and guidelines. While my son/daughter/ward is in residence at a UWC school/college, I authorize the school /college to act 'in loco parentis' in decisions directly affecting his/her health and welfare in the best interests of my/our son/daughter/ward as they see fit when it is neither possible nor practical to contact me beforehand.

Please sign and date below:

Person 1: \_\_\_\_\_

Person 2: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD) Person 1

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD) Person 2