

**STATEMENT FOR SCHOLARSHIP PURPOSES
IN THE ACADEMIC YEAR 2026/2027**

I: STUDENT'S PERSONAL DATA

Surname and name: _____ Student Book:

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Department: _____

Major: _____

Profile: _____ Year of study _____

Studies: ☐ full-time studies ☐ part-time studies ☐ I° ☐ II° ☐ single master's degree

Correspondence address: _____

II: STATEMENT IN THE APPLICATION FOR BENEFITS IN THE ACADEMIC YEAR 2026/2027

Surname and first name (of the person making the declaration):.....

I declare that

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I am aware of the criminal liability for making a false statement (Family Benefits Act of November 28, 2003 (*Uniform text: Journal of Law of 2025, Item 1208*)).

place, date

signature of the person making the declaration

III:TO BE COMPLETED BY THE EMPLOYEE

NOTES:

date of declaration, signature and stamp of employee