

**AFFIDAVIT FOR SCHOLARSHIP PURPOSES  
ON THE AMOUNT OF THE INSURANCE PREMIUM**

**I: STUDENT'S PERSONAL INFORMATION**

Surname and Name: \_\_\_\_\_ Student Book #: 

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Faculty: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Profile: \_\_\_\_\_ Year of Study: \_\_\_\_\_

Studies:  Full Time  Part Time  I°  II°  Uniform Master's

Address for Correspondence: \_\_\_\_\_

**II: AFFIDAVIT ON BENEFIT PROCEEDINGS IN ACADEMIC YEAR 2025/2026**

Surname and Name (of the person submitting the Affidavit): \_\_\_\_\_

I hereby declare that during calendar year \_\_\_\_\_ the 9% health insurance premium amounted to: PLN \_\_\_\_\_.

**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 2024, Item 323*)).**

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of the person submitting the Affidavit

**III: TO BE COMPLETED BY A UNIVERSITY EMPLOYEE**

NOTES	_____ Date of submission of Affidavit and employee's stamp and signature
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