Case No.:

Application submitted on:_____

_____
US Employee's stamp and signature

APPLICATION TO SCHOLARSHIP COMMISSION
FOR AWARDING AN INCREASE OF SOCIAL SCHOLARSHIP
IN THE ACADEMIC YEAR 2026/2027
(may be submitted only by social scholarship recipients)

I: APPLICANT'S PERSONAL INFORMATION

Filled out by Applicant

Surname and Name:

PESEL: | | | | | | | | | | | | Student Book #: | | | | | | |

Address of permanent residence: _____

Address for correspondence: _____

Telephone #: _____ University domain E-mail domain:_____

Please transfer the awarded scholarship amount to my bank account (in PLN):

Account #: | | | | | | | | | | | | | | | | | | | | | | | | | | |

II: INFORMATION ABOUT STUDIES

Filled out by Applicant

Faculty:_____

Field of Study:_____

Profile: _____Year of Study: _____

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

III: PLEASE AWARD AN INCREASE OF SOCIAL SCHOLARSHIP IN THE ACADEMIC YEAR 2026/2027

Filled out by Applicant

Conditions entitling to an increase in the social scholarship (select the applicable):

□ residence in academic year 2026/2027:

□ at Student's Dormitory / Seminary at No. _____Street in_____
(Town)

□ at a rented accommodation at No. _____ Street in _____
(Town)

The reasons that led me to reside in a Student's Dormitory/Rented accommodation/Seminary**:**

_____

_____

_____

□ orphan/half-orphan
□ raised in a children's home or foster family
□ documented domestic violence
□ other difficult living circumstances:

_____

_____

_____

_____

_____

_____

IV: APPLICANT'S AFFIDAVIT ON BENEFITS IN THE ACADEMIC YEAR 2026/2027

Filled out by Applicant

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)).

I declare that:

- I receive social scholarship;
- by the date of submission of this application, my situation, entitling me to receive social scholarship, has not changed;
- the data I have provided is consistent with the facts;
- I undertake to notify the Scholarship Commission in writing of any changes affecting my right to receive benefits within 7 days of their occurrence.

V: APPLICATION DOCUMENTATION (only in Polish) *Filled out by Applicant*

List of annexes:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

_____ _____

Place, Date ***STUDENT'S LEGIBLE SIGNATURE***

VI: TO BE COMPLETED BY A UNIERSITY EMPLOYEE	
	_____ *Date, US Employee's stamp and signature*