Case No.:

APPLICATION TO SCHOLARSHIP COMMITTEE FOR AWARD OF DISABILITY SHOLARSHIP IN THE ACADEMIC YEAR 2026/2027

Application submitted on:_____

_____
US Employee's stamp and signature

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:_____

Email address for electronic correspondence (fill in if available):

AE:PL	-						-						-						-		

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. INFORMATION ABOUT STUDENT'S DISABILITY

Filled out by Applicant

Degree of disability:	☐ Light	Qualification valid until:	☐☐ – ☐☐ – ☐☐☐☐
	☐ Moderate		☐ - PERMANENT DISABILITY
	☐ Severe		
Disability exists since:_____ (Date / Time of occurrence)			
☐ I do not have disability qualification – have submitted a pending application for disability qualification to the competent authority			

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 and declare that**:**

- **In the academic year 2026/2027 I receive the Disability Scholarship <u>at another university or faculty*</u>**:
  ☐ YES
  _____
  (University name)_____
  _____
  (Field of study) **(Degree)**
  ☐ NO
- **I pursue supplementary studies*:**
  ☐ YES
  _____
  (University name)
  _____ _____ _____
  (Field of study) **(Degree)** **(Year of study)**
  ☐ NO
- **I have completed my studies (also applies to studies completed abroad)*:**
  ☐ YES
  _____
  (University name)
  _____ _____ __ __ - __ __ - __ __ __ __
  (Field of study) **(Degree of study)** **(Date of completion of studies)**
  ☐ NO
- I am a professional soldier who has taken up studies on the basis of a referral by the competent military authority and has received assistance in connection with study under the provisions of the Law on Defence of the Fatherland*:
  YES ☐ NO ☐

TAKE CARE OF THE ENVIRONMENT – **PRINT ON BOTH SIDES**

Case No.: _____

- I am an officer of the state service in candidate service or an officer of the state service who has taken up studies on the basis of a referral or approval of the competent supervisor and has received assistance in connection with study under the regulations on service*:
  YES ☐ NO ☐
- the data provided by me in the application are factually correct*:
  YES ☐
- I have familiarized myself with Ordinance 83/2026 of The Rector of The University of Szczecin of 22 May 2026 on the establishment of the Rules & Regulations of the procedures for granting benefits to students of the University of Szczecin in academic year 2026/2027, hereinafter referred to as the "Rules & Regulations" and I consent to receiving to receive correspondence electronically*****:
  YES ☐
- I undertake to repay the benefits I have unduly received and agree to deduct the benefits I have unduly received from the scholarship amounts I receive *:
  YES ☐
- In the event of changes affecting the entitlement to benefits, in particular the completion of studies (including at another field of study or another university), withdrawal from studies or removal from the student register, change of field or form of study, change of correspondence address, or receipt of a scholarship in another field of study, change in the certified degree of disability, I undertake to notify the Scholarship Committee of these changes within 7 days of their occurrence*:
  YES ☐
- I acknowledge that my personal information and any personal information contained in the submitted documents, will be processed in the process of handling scholarships and aid grants awarded at the University of Szczecin and reporting obligations imposed by applicable law. The basis for the processing of personal data is Article 6(1)(c) of the RODO. Legal obligations arise from the Law on Higher Education and Science (Journal of Laws of 2024, item 1571, as amended), in particular from Articles 86-95; and from executive acts and internal regulations of the University of Szczecin issued on its basis, in particular from the Rules & Regulations*:
  YES ☐

V: APPLICATION DOCUMENTATION (*in Polish only*)

Filled out by Applicant

List of annexes:

1. _____
2. _____
3. _____

_____ _____

Place, Date ***LEGIBLE SIGNATURE OF THE STUDENT***

VI: DECISION OF THE SCHOLARSHIP COMMITTEE

DISABILITY SHOLARSHIP		
DEGREE OF DISABILITY		_____ *Date, signature and stamp of Commission Member*
AMOUNT OF SCHOLARSHIP AWARDED		
SCHOLARSHIP PERIOD		

VII: DECISION OF THE APPELLATE SCHOLARSHIP COMMITTEE

	_____ *Date, signature and stamp of Appellate Commission Member*