

Application submitted on: _____

US Employee's stamp and signature

Filled out by Applicant

Surname and Name: _____

[illegible]

Student Book:						
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Address of permanent residence: _____

Address for correspondence: _____

Telephone: _____ University domain E-mail: _____

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

[illegible]

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

[illegible]

Filled out by Applicant

Faculty: _____

Field of study: _____

Profile: _____ Year of study: _____

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

Filled out by Applicant

The event justifying the request of award of financial aid: (please specify)

Date of occurrence: ____-____-____ (YYYY-MM-DD)

DESCRIPTION OF THE EVENT JUSTIFYING THE REQUEST FOR AWARD OF FINANCIAL AID:

Filled out by Applicant

I am aware of the criminal liability for making a false statement and I **declare that:**

- **In the academic year 2026/2027 I receive the Financial Assistance Scholarship at another university or faculty *:**

☐ YES

(University name)

(Field of study)

(Degree)

☐ NO

- I pursue supplementary studies *:

☐ YES

(University name)

(Field of study)

(Degree)

(Year of study)

☐ NO

- ☐
- YES

	(Field of study)	(Degree)	(Date of graduation)
☐ NO			

- YES ☐ NO ☐

- YES ☐ NO ☐

- YES ☐

- YES ☐

- YES ☐

- YES ☐

- YES ☐

Filled out by Applicant

LEGIBLE SIGNATURE OF STUDENT

FINANCIAL AID AWARDED IN THE FOLLOWING AMOUNT:	REFUSAL TO AWARD FINANCIAL AID (Statement of Reasons):	REMARKS:
		Date, signature and stamp of Commission Member

	Date, signature and stamp of Appellate Commission Member
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