



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

I: STUDENT'S PERSONAL INFORMATION

Surname and Name: _____ Student Book No.

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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 2023/2024

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 2023, Item 390, as amended*)).

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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