

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*)).

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)	<i>Filled out by Applicant</i>
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List of annexes:

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

Place, Date

STUDENT'S LEGIBLE SIGNATURE

VI: TO BE COMPLETED BY A UNIVERSITY EMPLOYEE	
	<p>_____ <i>Date, US Employee's stamp and signature</i></p>