Student's Surname and NameStudent Book NoFacultyField of Study	Case No: Application filed on:	
ProfileYear of Study	Application flied on:	
Studies □ Full Time □ Part Time □ I° □ II° □ Uniform Master's (Student's Part) □ Uniform Master's	US Employee's stamp and signature	
	–	
APPLICATION TO SCHOLARSHIP COMMISSION FOR AWARDING AN INCREASE OF SOCIAL SCHOLARSHIP IN ACADEMIC YEAR 2023/2024 (may be submitted only by social scholarship recipients)	Application submitted on: R	
	Case No.: Application submitted on: US Employee's stamp and signature Filled out by Applicant Student Book No.: Student Book No.:	
I: APPLICANT'S PERSONAL INFORMATION	Filled out by Applicant	
Surname and Name:		
PESEL:	Student Book No.:	
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):	<i>"</i>	
Account #:		
II: INFORMATION ABOUT STUDIES Filled out by Applicant		
Faculty: Field of Study: Profile: Studies: Full Time Part Time I° Uniform Master's		
III: PLEASE AWARD AN INCREASE OF SOCIAL SCHOLARSHIP IN ACADEMIC YEAR 2023/2024 Filled out by Applicant		
Conditions entitling to an increase in the social scholarship (select the applicable):		
□ residence in academic year 2023/2024:		
☐ at Student's Dormitory / Seminary at No		
☐ 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:		

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)	Filled out by Applicant
List of annexes:	
1	
2	
3	
4	
5	
6.	
7	
Place, Date	STUDENT'S LEGIBLE SIGNATURE
1 mce, Dute	STODENT S LEGIBLE SIGNATURE
VI: TO BE COMPLETED BY A UNIERSITY EMPLOYEE	
VII TO BE COME EDIES DI II CHIENDITI EMILECTES	
	Date, US Employee's stamp and signature