

## APPLICATION TO SCHOLARSHIP COMMISSION FOR AWARD OF FINANCIAL AID IN ACADEMIC YEAR 2023/2024

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:	
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: REQUEST FOR AWARD OF FINANCIAL AID	Filled out by Applicant
The event justifying the request of award of financial aid: (please specify)	
DESCRIPTION OF THE EVENT JUSTIFYING THE REQUEST FOR AWARD OF FINANC	IAL AID:
IV: APPLICANT'S AFFIDAVIT ON BENEFITS IN ACADEMIC YEAR 2023/2024	
	Filled out by Applicant
I am aware of the criminal liability for making a false statement and I declare that:	
• In academic year 2023/2024 I receive financial assistance scholarship at another university or faculty *:  YES	
(University name)	
(Field of study) (Degree)	
• I pursue supplementary studies *:  YES	
(University name)	
(Field of study) (Degree)	(Year of study)
□ NO  I have completed my studies*: □ YES	

	(University name)		
(Field of	study)	(Degree)	(Date of graduation)
□ NO		( · · · · · · · · · · · · · · · · · · ·	
	nas taken up studies on the basis of a referral by the corf the Law on Defence of the Fatherland*:	npetent military authority and has re	ceived assistance in connection
I am an officer of the state service	e in candidate service or an officer of the state service weived assistance in connection with study under the regul-		s of a referral or approval of the
The data provided by me in the ap	oplication are factually correct*:		
Regulations of the procedures fo	Ordinance 98/2023 of The Rector of The University r granting benefits to students and doctoral students of tations" and I consent to receiving to receive corresponde	the University of Szczecin in acader	
	have unduly received and agree to deduct the benefits I	have unduly received from the schola	arship amounts I receive *:
I acknowledge that my personal i scholarships and financial assistar processing of personal information	nformation and any personal information contained in the new scholarship awarded at the University of Szczecin and is Article 6(1)(c) of RODO. Legal obligations arise for g acts and internal regulations of the University of Szczeci	d reporting obligations imposed by a om the Law on Higher Education an	applicable law. The basis for the d Science, in particular Articles
fund are available is 12 semesters, reg. 1) 1st degree – no longer than for 9 se 2) 2nd degree – no longer than for 7 s These periods include all semesters of	emesters.  of study started by the student, including semesters falling during	prior benefits are available for the following the period of taking leaves of absence	ng types of studies:
semesters taken concurrently shall be t	d or continued after obtaining the first bachelor's, engineer's or treated as one semester. utandis to students who have studied or obtained professional deg	-	ducation in muniple neius or study
In the light of the above regulations, academic year 2023/2024*: YES $\ \square$ NO $\ \square$	being aware of the criminal liability for making false statement	nts, I declare that I meet the prerequisite	s for being awarded financial aid in
April 1964 of the Civil Code and is su documents attached to the applicat	ne Rules & Regulations, a benefit collected on the basis of false dibject to reimbursement according to the rules set forth by the region false information or concealment of information, the coalso notify the competent authorities.	gulations on unjust enrichment. In the cas	e of revealing in the application or
_	IENTATION (only in Polish)		Filled out by Applicant
t of annexes:			
Plac	ce, Date	LEGIBLE SIGNATURE OF	FSTUDENT
DECICION OF COUOI	A DOUBLE COMMISSION		
: DECISION OF SCHOL		l non conve	
IANCIAL AID AWARDED IN THE FOLLOWING AMOUNT:	REFUSAL TO AWARD FINANCIAL AID (Statement of Reasons):	REMARKS:	
		Date, signature and	stamp of Commission Member
I. DECISION OF APPEL	LATE SCHOLARSHIP COMMISSION		
II DECIDION OF THE			

Date, signature and stamp of Appellate Commission Member