



**STATEMENT FOR SCHOLARSHIP PURPOSES
FOR THE ACADEMIC YEAR 2023/2024**

I: STUDENT'S PERSONAL DATA

Surname and name: _____ Album no

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Department: _____

Major: _____

Profile: _____ Year of study _____

Studies: full-time studies part-time studies I° II° single master's degree

Correspondence address: _____

II: STATEMENT IN THE APPLICATION FOR BENEFITS IN THE ACADEMIC YEAR 2023/2024

Surname and first name (of the person making the declaration):.....

I declare that

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I am aware of the criminal liability for making a false statement (Act on family benefits Journal of Laws. of 2023, section 390)

_____ place, date

_____ signature of the person making the declaration

III: TO BE COMPLETED BY THE EMPLOYEE

NOTES:	<p align="center">_____ date of declaration, signature and stamp of employee</p>
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