Appendix 2 to the PULS Regulations on Student Benefits

*(print-double sided!)*

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| **Allowance application** |
| **Personal details** |  |  |  |  |  |
| last name |  |  |  |  | first name |
| student registry No |  |  |  |  | year of studies, field of studies |
| level of studies (*first-cycle, second-cycle, long-cycle Master's degree*) |  |  |  |  | mode of studies: (*full-time/part-time*) |
| phone number |  |  |  |  | e-mail address |
| net monthly income per family member |  |  |  |  | number of persons in the family |
| total amount of grants/scholarships received per month |  |  |  |  | grade point average for the previous year of studies |
| ***Justification:*** |  |  |  |  |  |
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| **I hereby declare**, being aware of criminal liability for the crime specified in art. 286 of the Penal Code– **"Whoever leads another person to dispose of their own property or the property of another person to their disadvantage by means of deception or exploiting a mistake or incapacity to comprehend such an action in order to gain a material profit, shall be subject to imprisonment for 6 months to 8 years"**, as well as the disciplinary liability under art. 307 of the Act*on Higher Education and Science* that the data contained in the application are factually correct.**I declare that I consent to have the decision on financial aid benefits delivered electronically by the Virtual Dean's Office.** |
| **STUDENT'S BANK ACCOUNT NUMBER** Bank name: ………………………………………………………………………………………………………. |
| place, date |  |  |  |  | legible, handwritten signature of the student |

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| Student Government's assessment |  |  |
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| place, date |  | Student Government representative |
| Student Social Affairs Section's assessment |  |  |
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| place, date |  | Section Representative |
| **After considering the application, the Faculty Scholarship Committee grants/does not grant\* an allowance**in the amount of PLN |
| place, date |  | signature of the Chair of the Faculty Scholarship Committee |