Allowance application

Personal details

last name	first nam e								
student registry No	year of studies, field of studies								
level of studies (<i>first-cycle, second-cycle, long-cycle Master's degree</i>)	mode of studies: (<i>full-time/part-time</i>)								
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:

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 BA	NK	ACCO	DUNT	NUM	BER																			
Bank n	amo	e: .						 	 	 		 													
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place, date								legible, handwritten signature of the student																	

Student Government's a	issessment
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place, date	Student Government representative						
Student Social Affairs Section's assessment							
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						