Warsaw, date ..................................

## Surname .................................................................................................................................................. Student ID No. ..................................

First name(s) .......................................................................................... ..............................................................................................................

## Field of study ...........................................................................................................Level of studies (I/II cycle).............................................

Full time / Part time\*) Year of studies ......................... Semester...................

## Address: postal code .................................... city ............................................................................................................

street........................................................................................................................................... building number ....................................... apartment number ......................................

## E-mail address: ........................................................................................ phone number ................... ...................................................................

APPLICATION FOR SUBSEQUENT VERIFICATION OF ENTITLEMENT TO A SOCIAL SCHOLARSHIP AND/OR ITS INCREASE.

I hereby apply for a recalculation of income, which was the basis for the award of a social scholarship in the academic year 20..../20...., due to a change in income, family situation:

1.  loss of income1 by my family member .......................................................................................................

(provide name, surname and degree of relationship)

in the amount of PLN

1.  gain of income2 by my family member ………………………………………………………………

(provide name, surname and degree of relationship)

in the amount of PL,

*The provisions on the loss or gain of income* ***do not apply*** *to income from employment or other paid work or income from deregistration or commencement of non-agricultural economic activity, if:*

* *the family member has lost the above income and*
* *within a period of 3 months from the date of loss of income, the family member gained income with the same employer or principal, or the ordering party, or restarted non-agricultural economic activity3,*

1.  birth of child,
2.  death of a family member,
3.  orphanhood,
4.  other justified circumstances: ……………………………………………..........................  
   ……………………………………………………………………………………………………………………….  
   ………………………………………………………………………………………………………………………

Which I hereby confirm with the following documents (for points 5 and 6, attach Appendix No. 1a):

1. …………………………………………………………………………………………………………...
2. …………………………………………………………………………………………………………...
3. …………………………………………………………………………………………………………...
4. …………………………………………………………………………………………………………...
5. …………………………………………………………………………………………………………...
6. …………………………………………………………………………………………………………...
7. …………………………………………………………………………………………………………...

**Family composition:**

## As of the date of application, my family consists of the following persons:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No.. | Name and surname | Date of birth | Degree of relationship | Place of work 1) or study | Duration of employment |
| 1. |  |  | applicant |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

1. state all jobs and periods of employment in the current year and in the year preceding the academic year for which the benefit is to be granted

# DECLARATION

**Being aware of the criminal liability for providing false data, I hereby declare that:**

## the documents attached to the application constitute a complete set of documentary evidence of my and my family’s income, and the data contained therein are accurate and complete;

## I have not obtained a master’s or an equivalent title;

## I am not applying for a social scholarship for first cycle studies after obtaining a bachelor’s, engineer’s or an equivalent title,

## I am not applying for student benefits in another field of study;

## I am not:

## (a) a candidate for a professional soldier/professional soldier\*) who has taken up studies on the basis of a referral by a competent military authority or has received assistance in connection with study under the provisions on military service of professional soldiers\*),

## b) an officer of state services, including in candidate service\*), who has taken up studies on the basis of a referral or approval of the competent superior and has received assistance in connection with study under the regulations on service,

## I have read the Regulations on student benefits,

## in the event of a change in the material situation or the occurrence of circumstances affecting the right to the scholarship, I undertake to immediately notify the Rector’s Material Assistance Department in writing.

## agree to the change of the scholarship decision,

## in the event that the benefit is unduly paid to me, I undertake to return it to the bank account of the University.

I agree to receive scholarship decisions and summonses in electronic form. I am aware of the criminal liability for making a false statement.

## Date ....................................................................... ........................................................................................

legible signature of the student