

<b>In (to be completed by academy's worker):</b>
Dated:
Register number: 2022/2023/ /Z
Signature:

Album number:

Faculty symbol: WNS/WZwC/WZwK/WZwO/WZwŻ

## APPLICATION FOR ALLOWANCE IN THE WINTER SEMESTER OF THE 2022/2023 ACADEMIC YEAR

### PART I. STUDENT PERSONAL DATA (to be completed by the applicant)

<b>Surname and first name</b> (complete in block letters) ↓					
<b>Residence address</b> (zip code, city, street, house number, apartment number) ↓					
<b>Form of study</b> (tick the appropriate box) ↓					
Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	I degree <input type="checkbox"/>		II degree <input type="checkbox"/>	Uniform M.A. studies <input type="checkbox"/>
		BA <input type="checkbox"/>	BSc <input type="checkbox"/>		
<b>Field of study</b> ↓				<b>Year of study</b> ↓	<b>Semester</b> ↓
<b>Telephone number</b> ↓		<b>Email address</b> ↓		<b>Nationality</b> ↓	

Note: BA – Bachelor of Arts      BSc – Bachelor of Science

### PART II. I request that the allowance granted to me be forwarded:

<input type="checkbox"/> - to my bank account												
<b>Name of the bank:</b> .....												
<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>												
..... student's signature												
<input type="checkbox"/> - towards my financial obligations at the WSB University												



#### PART IV. STUDENT'S DECLARATION (to be completed by the applicant)

Aware of criminal liability for providing false data - up to and including my expulsion from the University and the obligation to return the unlawfully collected benefit - I declare that the above information is consistent with the facts.

At the same time, I declare that I have read the Regulations for granting benefits to students of the WSB University.

I declare that I am aware that the benefits referred to in art. 86 section 1-4 of the Act on Higher Education and Science of July 20, 2018 are granted to students of first-cycle, second-cycle and uniform master's studies, but not longer than for a period of 12 semesters (Journal of Laws of 2021, item 478 as amended). I declare that I have the status of a student for no longer than 12 semesters.

I declare that I do not have a professional title of Master of Arts, Master of Science or equivalent, nor do I once again undertake first-cycle studies with a Bachelor, Engineer or equivalent degree.

**I declare that I do not obtain any allowance from the university department (field of study) other than the one indicated in this application form.**

Place, date ↓	Legible signature of the applicant ↓

*The application has been signed using the Autenti platform or handwritten signatures have been provided. The party and the authority shall consider the application and the statements related to the application to be effectively submitted if they are made using an Autenti signature, verified by e-mail or the Student's telephone number. Any changes and supplements to this application shall require, under pain of invalidity, a declaration by the parties - using the signature on the Autenti platform or a handwritten signature.*

*The student is entitled to choose the form of submitting the application and subsequent documents in the case - i.e. written form (traditional) or using the on-line form with the Autenti platform. The student agrees to handle the case using an electronic form, including the use of the Autenti platform.*

**Surname and first name:** .....

**Residence address :** .....

**Album number:** .....

**Mode of Study:** FULL TIME / PART TIME

**Study level :** 1st degree, 2nd degree, uniform master's degree

### Declaration

In connection with applying for financial assistance, I declare that *in the 2022/2023 academic year I do not* receive the benefits referred to in Art. 86 of the Act of 20 July 2018 Law on Higher Education and Science (Book Of Laws of 2018, item 1668), i.e.: social scholarship, increased social scholarship, scholarship for disabled people, allowances, rector's scholarship.

In addition, aware of criminal liability - the Penal Code Act of June 6, 1997. with later d. ) and disciplinary action for providing false data - up to and including my expulsion from the University and the obligation to return the unlawfully collected benefit - I declare that:

**Please tick two correct statements:**

- 1) *I haven't completed first-degree studies at any university or uniform Master's degree,*
- 2) *I completed first degree studies and continue my education in order to obtain a master's degree,*
- 3) *I already have a master's degree,*
- 4) *I don't have a master's degree yet.*

**Please list all the studies you have undertaken so far and all the studies you currently study (both at the WSB University and other universities, completed and unfinished):**  
*(in accordance with Article 93 paragraph 2 point 1 and item 4 of the Act on Higher Education and Science of 20 July 2018, a student may apply for scholarships for a period of 12 semesters).*

Study period from to	Amount of semester	Name of the university	Field of study	Study level (first degree/master's degree/ long cycle studies)

<b>Place, date ↓</b>	<b>Legible signature of the applicant ↓</b>

\* sample model statement