

APPLICATION FOR FINANCIAL ASSISTANCE

PART I. STUDENT PERSONAL DATA

Student's name and surname:	
Address:	
City:	
Post Code	
Street, house number, apartment number:	
Citizenship:	

Contact details:

E-mail:	
Phone number	

Form of study:

Student number	
Field of study:	
Year, semester:	
Form of studies: (full-time / part-time)	
Degree of study (Bachelor / Master / Engineering)	

PART II. Bank account details to which financial assistance should be sent

Bank name																																									
Bank account number	<table border="1" style="width: 100%; height: 15px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																								

PART III. PLEASE DESCRIBE THE REASONS FOR YOUR NEED OF FINANCIAL ASSISTANCE

PART IV. STUDENT STATEMENT

Being aware of the criminal liability for giving false testimony originating from Art. 233 of the Act of June 6, 1997 Penal Code (Journal of Laws of 2016, item 189, as amended) (Art. 233 § 1. *Who, when submitting a testimony to be used as evidence in court proceedings or in other proceedings on the basis of the act, testifies untruthfully or conceals the truth, is subjected to punishment by imprisonment from 6 months to 8 years.*) I submit the following statements:

Statements*:	YES	NO
1. I am a financially independent student (I meet the conditions of § 13 item 2 of the Regulations on Material Assistance) and I do not run a household with my parents, therefore I do not present their income as well as my the income of my siblings' . If the student enters YES, they must attach documents confirming financial independence and submit a declaration of financial independence (Appendix 4), if the student is unable to prove financial independence, presenting also the income of his parents and siblings - enter NO.		
2. I, hereby, declare that I have read the Regulations regarding student benefits. I also declare that when determining the amount of income of all of my family members, no type of income was omitted, which should be taken into account when determining my financial situation (YES = was not omitted).		
3. There is no person among my family members, living in an institution that provides round-the-clock maintenance. If such a person exists - please tick NO (the above statement is not true); the student is then obliged to attach a written explanation of the situation: name and surname of the family member staying in the above-mentioned institution, institution name, period of stay, type of relationship; such a person cannot be included in the family composition .		
4. I possess a master's degree, master's degree in engineering or an equivalent degree		
5. I possess the professional title of bachelor, engineer or equivalent (applies to first-cycle students)		
6. I am a candidate for a professional soldier or a professional soldier who has taken up studies on the basis of a referral by a competent military authority and I have received help in connection with studying under the provisions regarding military service of professional soldiers		
7. I am an officer of state services in the candidate service or a state service officer who has started studies on the basis of a referral by a competent military authority and I have received help in connection with studying under the provisions regarding military service of professional soldiers.		

.....

Date and legible student's signature

* należy zaznaczyć odpowiednio TAK lub NIE

I declare that I have been/started higher education since graduation:

Studies - 1st cycle - 2nd cycle - long cycle studies	Name of the University	Major	Period of running the studies from ... to...	Date of completion

Previous period of education (number of semesters) - add up all semesters started.

Being aware of the responsibility for providing false data, including disciplinary liability and the obligation to return unlawfully collected funds, as well as criminal liability originated from Art. 233 of the Criminal Code, I declare that all the above-mentioned information is true.

PART V. ANNEXES TO THE APPLICATION (Documents confirming the need of financial assistance)

1.
2.
3.

OŚWIADCZENIE RODO:

Zgodnie z art. 6 ust. 1 lit. a Rozporządzenia Parlamentu Europejskiego i Rady /UE/, 2016/679 z dnia 27.04.2016r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych...- RODO /Dz. Urz. UE L 119,s.1/ wyrażam wyraźną i dobrowolną zgodę /art. 7 ust. 2/ na przetwarzanie przez WSH we Wrocławiu danych osobowych, zawartych w niniejszym wniosku, do celów udzielenia zapomogi.

Zapoznałem/-am się z treścią klauzuli informacyjnej Administratora Danych – WSH we Wrocławiu

Date, City	Student Signature