

Date of submission of application signature of the University employee.....

**APPLICATION FOR GRANTING BENEFITS IN THE FORM
SCHOLARSHIP FOR PEOPLE WITH DISABILITIES**

I, hereby, declare that before completing this application I have thoroughly read the "Regulations of benefits for students of the Wrocław Business Academy and the Information Clause constituting Annex 5 to the aforementioned Regulations of benefits for students of the Wrocław Business Academy.

.....
Place, date

.....
applicant's signature

PART A - TO BE COMPLETED BY THE STUDENT.

I. Details of the person applying for the scholarship

name and surname			Pesel number/personal ID number
System of studies Stationary / extramural 1st cycle/ 2nd cycle	Major	Year of study 23/24 I / II / III / IV	Register No.
Place of permanent residence			Citizenship:
Address			Mobile phone
e-mail			

II. I declare that I possess (Mark the appropriate):

<input type="checkbox"/> certificate of mild degree of disability	<input type="checkbox"/> certificate of mild degree of
<input type="checkbox"/> certificate of moderate disability	<input type="checkbox"/> certificate of incapacity to work
<input type="checkbox"/> certificate of a significant degree of disability	<input type="checkbox"/> certificate of possession of a disability group

adjudicated for the period from..... to

.....

Applicant's signature

III. Student statements:

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 possess the professional title of master's degree, master's of engineering or equivalent		
2. I possess the professional title of bachelor, engineer or equivalent (applies to first-cycle students))		
3. . 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		
4. 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 student's legible signature

* Mark yes/no

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

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

Previous educational period (number of months) - add up all the months of having a student status.

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.

.....
Date, student's signature

