

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

APPLICATION FOR RECALCULATION OF INCOME.

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 (please fill in block letters)

name and surname			Pesel number/personal ID number
System of studies Stationary / extramural 1st cycle/ 2nd cycle	Major	Year of study 24/25 I / II / III / IV	Register No.
Place of permanent residence			Citizenship:
address			Mobile phone
e-mail			

*Delete inappropriate

II. Application for recalculation of income earned by members of my family due to: **Loss of income** by a family member:

Name and surname of a family member	Relationship status	The amount of income obtained	the circumstance in connection with which the income was obtained

As a confirmation of the date and amount of the lost income I present

.....

 Realising of income by a member of my family:

Name and surname of a family member	Relationship status	The amount of income obtained	the circumstance in connection with which the income was obtained

As a confirmation of the date and amount of the obtained income I present

.....

.....

Changes in the composition of my family:

Name and surname of a family member	Relationship status	the circumstance in connection with the composition of the family has changed (e.g. marriage, birth of a child)

As a confirmation of the date and amount of the obtained income I present

.....

III. Student's 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 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 signature of the student

* *Mark appropriate 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	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.

.....
**
Date and legible student's signature

PART B - TO BE COMPLETED BY STUDENT.

DECLARATION ON THE FORM OF PAYMENT OF THE MAINTENANCE GRANT (fill in point 1 or 2)

1. I agree to transfer the maintenance grant, granted to me, towards my financial obligations towards the Wrocław Business Academy.

.....
date

.....
student's signature

2. I consent to the transfer of the maintenance grant awarded to me to the following bank account:

Name, surname and address of the account holder

.....

.....

Name of the bank

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.....
date

.....
student's signature