Appendix no. 2 to the Regulations for awarding benefits to the MUB students, introduced by the Rector's Order no. 88/2021 dated 23.08.2021.

Date of receipt:

Application to the Faculty Grant Committee for awarding benefits for the academic year

[ ]  a need-based grant

[ ]  grant for disabled persons

[ ]  increased need-based grant

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Bank account number

# Surname and forename:

# Father's name:

Student's family name:

Personal Identification Number:

Tel.:

Email address:

Permanent address:

Address for correspondence:

Programme: studies: [ ]  full-time [ ]  part-time

Year of study:

Student ID no.

**I declare,** that my family consists of the following persons living in the same household:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Surname and forename | Type of kinship | Date of birth | Place of employment or name of school/university |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

INSTRUCTION:

• I declare that I have read the content of the Regulations for awarding benefits to MUB students.

• Aware of criminal, civil and disciplinary liability, I declare that the information provided about the household members and the income they receive is true.

• I declare that I acknowledge the obligation to return the benefits unduly received (the Law on Higher Education and Science, Article 307), i.e.:

* received on the basis of false data,
* received due to the lack of notification to the Student Affairs Department of any change in the financial situation of the family, affecting the amount of benefits.

**□ grant for disabled persons** – I agree to the processing and transfer of my personal data contained in the application on the basis of Article 6 para. 1 letter a of the General Data Protection Regulation of 27 April 2016 (OJ EU L 119 of 04.05.2016) to the Office for Persons with Disabilities, in particular the email address, in order to receive information messages by electronic means

* I declare that I have read the information regarding the processing of my personal data provided in the application
and appendices to the application, available on the website of the University under the link [https://www.umb.edu.pl/s,408/Stypendia\_studentom](https://www.umb.edu.pl/s%2C408/Stypendia_studentom) and on the bulletin board in front of the Student Affairs Department.

(locality, date and student's signature)

**List of submitted documents – TO BE COMPLETED BY THE STUDENT!**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | as on the day of the submission of the application: | quantity | Supplementary documents | quantity |
| 1. | Certificates from the Tax Office on income   |  |  |  |
| 2. | Declarations on non-taxable income  |  |  |  |
| 3. | Declaration on income from conducted business activity |  |  |  |
| 4. | A certificate from the Labour Office on unemployment   |  |  |  |
| 5. | Certificates of siblings from school or university  |  |  |  |
| 6. | Certificate from the Municipality concerning the size of the agricultural holding |  |  |  |
| 7. | ZUS / KRUS certificate or declaration on the health insurance contributions actually paid (Appendix no. 10) |  |  |  |
| 8. |  Other |  |  |  |

Student's signature: