Appendix no. 1.5 to the Regulations on managing the resources from the Company Social Security Fund of the Medical University of Bialystok constituting an appendix to the Order no. 69/ 2024 of the Rector dated 7.06.2024

Białystok, on……………........................................................

First name and surname:

Organizational Unit:

**Application for co-financing of child holiday**

**to the Social Affairs Commission of the Medical University of Bialystok**

Please provide co-financing of the stay of my child on summer camp, holiday camp in …………………….

in the period …………………, whose organizer is …………………….………………………………..

……………………………………………………………………………………………………….……………………………...

First name and surname of the child:

Date of birth:

Type of school:

Informed of liability - § 5 sec. 6 of the Regulations on managing Company's Social Security Fund:

“In case of noting that the employee or former employee indicates untrue data concerning material and family situation, upon motion of the Social Commission, he or she shall be deprived of the entitlement to avail of social benefits for the period of 3 years”

**STATEMENT**

I hereby declare that my family consists of.............persons running a joint household.

Monthly revenues/income in the year.............per one family member amounted to: ………………..……

**Signature of employee/former employee:**

Cost of summer camp/holiday camp/semi-camp

Percentage co-financing

Employee co-financing

Tax