Appendix no. 6 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 FOR GRANTING AN ALLOWANCE**

Bank account number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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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.

* **A student who has temporarily found himself/herself in a difficult life circumstances can receive an allowance.** (Appropriate documents confirming the deterioration of the family's financial situation must be submitted).
* **The allowance may be granted no more than twice per academic year**

**TO THE FACULTY GRANT COMMITTEE**

I am applying for an allowance due to:

**Substantiation:**

**Instruction:**

* Aware of criminal liability under Article 233 of the Criminal Code, as well as of civil and disciplinary liability for providing false data, I declare that the information and documents enclosed by me in the application are in accordance with actual state.
* I declare that I take into account the obligation to reimburse undue benefits, i.e. received on the basis of false data.
* I declare that I am not applying for an allowance at another programme, or in another university in accordance   
  with the applicable regulations.
* 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 University website under the link <https://www.umb.edu.pl/s,408/Stypendia_studentom> and on the bulletin board of the Student Affairs Department

list of attachments:

1. …………………………………………………………………………………………………………………………………………………………….
2. …………………………………………………………………………………………………………………………………………………………….
3. …………………………………………………………………………………………………………………………………………………………….
4. …………………………………………………………………………………………………………………………………………………………….
5. …………………………………………………………………………………………………………………………………………………………….
6. …………………………………………………………………………………………………………………………………………………………….

(locality, date and student's signature)

**Opinion of the Grant Committee**

Signature of the Chairman of the Faculty Grant Committee: