Please complete the application with block capitals

**form for UW doctoral students
and other entitled beneficiaries**

**A P P L I C A T I O N
for granting non-refundable financial aid**

The table is to be completed by an employee of the Office for Personnel Social Benefits.		
Financial aid type	**Amount**	**Date**

I.   **Applicant's name and surname** ....

II.   **Applicant's personal identification number (PESEL)** ....

III.   **Contact phone** ....

IV.   **Residence address:** voivodship ....
   street .... street address number .... apartment number ....
   place .... postal code ....
   post office ....
   Tax Office ....
          (code)   (place)   (street, building no., apartment no.)

V.   Name of the unit providing doctoral studies ………………………………………………………

VI.   Doctoral studies start date ………………………………….

Item	Name and surname	Degree of family relationship	Child's date of birth
1.			
2			
3.			
4.			

VII.   Applicant – the average income from all sources for the last six months (without social security contributions)
   ....
          (stamp and signature)

VIII.   Applicant - commissioned works (the average amount for the last six months)
....
          (stamp and signature)

IX.   Child support benefit (the average amount for the last six months)
....

X.   Spouse – average income from all sources for the last six months
   (without social security contributions) ....
          (header stamp, name stamp and signature)

XI .   Spouse - commissioned works (the average amount for the last six months)
....
(stamp and signature)

XII.   **Comprehensive** statement of reasons for the financial aid application:

………

………

………………………………………………………………………………………………

statement of reasons, continued

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……………………………………………………………………………

XIII.   **Certificate** (medical, issued by state administration authorities)

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XIV.   Appendices ....

....

....

....

XV.   **Please disburse any amount granted to/at (cross out as unnecessary)**

☐   **ACCOUNT NO.** ....
☐   **MILLENNIUM BANK BRANCH**

I hereby confirm that all the data provided in the application are true to the facts.

....
(application submission date)   (applicant's signature)

1.   Annotation of the Office for Personnel Social Benefits
....

....

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2.   Financial Aid Committee's opinion ....

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