

Please complete the application with block capitals

form for UW employees

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) or personal number in SAP
- III. Contact phone

Item	Name and surname	Degree of family relationship	Child's date of birth
1.			
2.			
3.			
4.			
5.			
6.			

- V. Employee – the average income from all sources for the last six months (without social security contributions)
(stamp and signature)
- VI. Employee - commissioned works (the average amount for the last six months)
(stamp and signature)
- VII. Child support benefit (the average amount for the last six months)
- VIII. Spouse – the average income from all sources for the last six months (without social security contributions)
(header stamp, name stamp and signature)
- IX. Spouse - commissioned works (the average amount for the last six months)
(stamp and signature)
- X. **Comprehensive** statement of reasons for the financial aid application:
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statement of reasons, continued

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

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XII. **Appendices**

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

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(application submission date)

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(applicant's signature)

The subsidy shall be disbursed in the manner stipulated for work remuneration payment.

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

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

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The controller of the personal data provided above is the University of Warsaw.

Detailed information on data processing can be found at:

<https://www.uw.edu.pl/wp-content/uploads/2019/08/klauzula-informacyjna-dot.-przetwarzania-danych-osobowych.pdf>