

Please print the application on both sides of the page and complete it with block capitals.

form for children of deceased UW employees/pensioners/disability pensioners

APPLICATION for a recreational subsidy for children

- organized recreation (winter camps, school trips, camps), purchased at other institutions
- organized individually, so called "self-arranged vacations"

- 1. Applicant's name and surname
2. Applicant's personal identification number (PESEL)
3. Contact phone
4. Name and surname of the deceased University of Warsaw employee/pensioner/disability pensioner
5. Personal identification number (PESEL) of the deceased University of Warsaw employee/pensioner/disability pensioner
6. I apply for a subsidy for the below entitled beneficiaries, i.e. my biological and/or adopted children over whom I have been granted legal custody (enter child's surname, name, date of birth):
1.
2.
3.
4.

In the case of children above the age of 15, please, attach to the application the following: an original copy of a certificate confirming continued school or university education (full-time first or second cycle studies, or long-cycle studies), or a decision of an institution authorized to assess the degree of disability confirmed to be a true copy of the original.

An application for funding for organised recreation must be accompanied by an original copy of the invoice/bill issued by the entity authorized to organize recreation, including the names of the individuals taking the vacation, the unit price of the vacation for each person listed and the date of stay.

- 7. I am a single parent: YES NO (cross out as unnecessary)
8. Number of persons sharing a common household (including little children and children continuing their education, under the age of 25, dependent solely on the parent(s)).
9. I hereby confirm that the average monthly gross income per person in the family, calculated according to the rules set forth under paragraph 7 sections 6-9 of the USBF Regulations, amounts to PLN:
10. Please disburse any amount granted to/at (cross out as unnecessary)
ACCOUNT No.
MILLENNIUM BANK BRANCH

Please complete the details included on the second page of the application, necessary for issuing a personal income tax document.

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

(application submission date)

(applicant's signature)

When single parents with low income and large families (family with three or more children) with low income apply for repeated subsidy for a child/children, it is required to document the above-mentioned circumstances (USBF Regulations).

To be completed by the Office for Personnel Social Benefits

Subsidies for organized recreation

Subsidies for self-arranged vacations

from the price of PLN x% = PLN
persons x PLN

in the amount of

11. Details necessary for issuing a personal income tax document

Residence address: voivodship district
street street address number
apartment number
place postal code
post office
Tax Office
(code) (place)
.....
(street) (street address number)
.....
(date) (applicant's signature)

For information purposes only