Please print on both sides and complete the application in block letters

## form for UW doctoral students and other entitled beneficiaries

## APPLICATION for 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				

	Applicant's name and surnam				
	Applicant's PESEL no. [Personal Identification Number]				
	Telephone				
V. Address of residence: voivodeship district					
	street building noapartment no place postal code				
	post office				
	Tax Office				
	(code)	(place)	(street, building no., a	ipartment no.)	
. ]	Name of the unit onducting doc	toral studies			
Ί.	Date of doctoral studies beginn	ing			
No.	Name a	and surname	Degree of kinship	Child's date of birth	
1.					
2					
3.					
4.					
TII.	to Social Insurance Institution Applicant - commissioned w	ork (the average monthly i	6 months from all income sou	(stamp and signature	
IX.	Child maintenance (the average		ne last six months)	(stamp and signature)	
X. Spouse – the average monthly income over the last 6 months from all income sources (without contributions to Social Insurance Institution).					
	10 2001111 1110 1111110 11110 1110 110 1			stamp, name stamp and sign	
Ί.	Spouse - commissioned work	(the average monthly inco	ome over the last six months)		
	Speaker commissioned were	(one we enge monum) mee		(stamp and signature	
III.	<b>Duly justified reasons</b> for the	ne financial aid application	n.		
.11.					
• • • • •					
• • • • •					
				• • • • • • • • • • • • • • • • • • • •	

Note: t	Note: the English version of this document is for information purposes only						
Duly j	- 2 – Duly justified reasons - continuation						
XIII.	Certificate (a medical one, issued by public administra	tion authorities)					
XIV.	Attachments						
XV.	I would like to receive the benefit: (choose the appropria	ate option)					
	□ BY TRANSFER TO THE PERSONAL BANK ACCOUNT NO.						
	IN CASH TO BE COLLECTED FROM A MI LLEN	NIUM BANK BRANCH					
	I hereby confirm that the above	data are accurate and complete.					
	(application submission date)	(applicant's signature)					
1.	Annotation of the Office for Personnel Social Benefits						
•							
2.	Financial Aid Committee's opinion						

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

Detailed information on personal data processing can be found at:

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