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

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		

I.	Applicant's name and surname				
II.	Applicant's PESEL no. [Personal Identification Number]	or personal no. in SAP			
III.	I. Telephone				
No.	Name and surname	Degree of kinship	Child's date of birth		
1.					
2					
3.					
4.					
5.					
6.					
V.	Employee – the average monthly income over the last 6 mor	ths from all income sources	(without contributions		
••	V. Employee – the average monthly income over the last 6 months from all income sources (without contributions to Social Insurance Institution)				
			(stamp and signature)		
VI.	. Employee - commissioned work (the average monthly incom	e over the last six months).			
			(stamp and signature)		
VII.	VII. Child maintenance (the average monthly income over the last 6 months)				
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VIII	TIII. Spouse – the average monthly income over the last 6 months from all income sources (without contributions to Social Insurance Institution)				
	to social insurance institution)		o, name stamp and signature)		
IX.					
			(stamp and signature)		
X.	Duly justified reasons for the financial aid application:				

Note: the English version of this document is for information purposes only					
- 2 – duly justified reasons - continuation					
XI.	. Certificate (a medical one, issued by public administration authorities)				
XII.	Attachments				
AII.	Attachments				
	I haveby confirm that the above d	ata are assurate and samplets			
	I hereby confirm that the above d	ata are accurate and complete.			
	pplication submission date)	(applicant's signature)			
	The benefit will be disbursed in the manner	provided for the payment of remuneration.			
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.

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