**Application submitted to Scholarship committee:**  ………………………. …………………………….………

 *date/ postmark date stamp and signature of the person accepting the application*

# **Application TO THE SCHOLARSHIP COMMITTEE UR FOR THE AWARD OF A SOCIAL SCHOLARSHIP FOR THE WINTER/SUMMER SEMESTER OF THE ACADEMIC YEAR 20.......... /20..........**

# **TO THE UR SCHOLARSHIP COMMITTEE FOR A SOCIAL SCHOLARSHIP**

#  **FOR THE WINTER/SUMMER SEMESTER IN ACADEMIC YEAR 20TO THE UR SCHOLARSHIP COMMITTEE FOR A SOCIAL SCHOLARSHIP**

#  **FOR THE WINTER/SUMMER SEMESTER IN ACADEMIC YEAR 20.......... /20..........**

|  |
| --- |
| STUDENT’S DATA  |
| Name and surname |  | PESEL: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Register number:  |  | Year of study: |  |
| Faculty/College: |  | Field of study: |  | Form of study  | * full-time
* part-time
 |
| Type of study  | First-cycle | * 3-year
* 3,5 - year
 | Second-cycle | * 2-year
* 1,5-year
 | * Long-cycle Master’s degree
 | * Third-cycle
 |
| Address: |  | Correspondence address: |  | Citizenship |  |
| e-mail:  | telephone:  |

1. *I apply for a SOCIAL SCHOLARSHIP on the basis of a difficult financial situation*.
2. ***FAMILY COMPOSITION AND FAMILY INCOME OF THE STUDENT:***

|  |  |  |
| --- | --- | --- |
|  | **Family composition and other data should be provided as of the date of submission of the application (to be filled in by the student)** | ***to be completed by an authorised employee*** |
| No. | Kinship degree | Name surname | Date of birth | Place of studying as at the date of submission of the application | Place of employment, other sources of income, as at the date of submission of the application | **The amount of income of a family member**  | **Changes** **in income** |
| 1. | Applicant |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
|  Total income  |  |  |
|  Number of people in the family |  |  |
|  **Income per 1 person in the family** |  |  |
|  Date and signature of an authorised person |  |  |

1. *Please take into account, when determining the amount of my family's income:*
* ***LOSS OF INCOME in or after the base year (to be completed by the student)***

|  |  |  |  |
| --- | --- | --- | --- |
| Affected person  | Loss of income type | Amount of loss of income | Date of change |
| Name and surname  | Kinship degree |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

* ***EARNED INCOME in or after the base year (to be completed by the student)***

|  |  |  |  |
| --- | --- | --- | --- |
| Affected person | Type of earned income | Amount of earned income | Date of change |
| Name and surname | Kinship degree |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

*Note: In case of loss or gain of income of family members after the date of application, the change should be reported to the appropriate Dean's Office/Section of Social Affairs of the College*

***IV. STATEMENTS OF THE APPLICANT:***

Having been informed about criminal liability for an offence specified in Article 286 § 1 of the Criminal Code - and about disciplinary liability referred to in Article 307 paragraph 1 of the Law on Higher Education and Science, I declare that**:**

1. I have read the "Regulations on benefits for students of the University of Rzeszów" in force on the day of submitting the application.
2. The application together with attachments is a set of documentation certifying my and my family members' income, and the data is in accordance with the facts as at the date of submission of the application.
3. I declare that I studied in the following fields of study: (list all studies that you undertook both at UR and at other universities, completed and uncompleted studies, including studies abroad)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Name of university | Field of study | Type of study | **Beginning of studies (***specifically1.10.……….. or 1.03……..)* | **Title of BA/MA/Engineer** (yes/no) | **Date of defense of the diploma thesis** | **Date of deletion** **from the list of students**  | **Number of semesters started**  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

4. **I undertake to inform the University immediately, but not later than within 7 days from the date of the event about:**

a. obtaining the right to receive benefits in another field of study (date of issuing the decision on granting the benefit),

b.  **obtaining a professional title** during the academic year in which I will receive the requested benefit.

1. the occurrence of other circumstances affecting the determination of the right to the benefit or its amount, specified in the Regulations.
2. I declare that I have read the information clause resulting from Articles 13 and 14 of the GDPR, constituting Annex 16 to the Regulations and that I have fulfilled the information obligations resulting from the above-mentioned provisions of law towards persons from whom personal data I have directly or indirectly obtained and included in the application in order to apply for a benefit.
3. I agree/do not agree to the delivery of documents in proceedings by means of electronic communication to the address of my university electronic inbox.

**YES/NO**

***V.STATEMENT for students/doctoral students applying for a social scholarship in the SUMMER SEMESTER***

* I declare that I am applying for a social scholarship for the first time in the current academic year,
* I declare that I submitted an application for a social scholarship in the winter semester of the current academic year and income of my family, as well as its composition after the date of validation of the decision on the social grant for the winter semester of a given academic year:
* have not changed
* have changed due to:
* ***loss of income (3rd part) the catalogue of income obtained is set out in Annex 8 to the Regulations***
* **earning income** *(3rd part)* ***the catalogue of income obtained is set out in Annex 8 to the Regulations***
* **change of the number of people in a family,** **which as of the date of this application is:............ persons**

**Rzeszów, on………………...……… legible student’s signature ……………………………….**

**VI. ADDITIONAL INFORMATION:**

A preliminary analysis of the application has shown that the applicant submitted the application on: ………………………………. Which is incomplete and has therefore been informed:

* personally, on. …………………………….
* Via telephone, on. …………………………….
* By e-mail, on. …………………………….
* By mail, on. …………………………….

 of the obligation to submit to the Committee the missing documents confirming the financial situation of family members, i.e.:

1. …………………………………………………………………………………………………………………………………………………………………,
2. …………………………………………………………………………………………………………………………………………………………………,
3. …………………………………………………………………………………………………………………………………………………………………,

**Due date …………….………….,**

* **The application was supplemented with the above-mentioned documents on………………………………………**
* The application was not supplemented till **…………..……………**, thus the Committee on.: ………………………... called for the document supplementation , **within ……………………… (up to 7 days)** from the date of receiving the summons.

………………..………………….

**Authorised person signature**