Application No:	
Date received:	
Employee's signature	

APPLICATION FOR A SCHOLARSHIP FOR PERSONS WITH DISABILITIES in the academic year …. /….

I request the award of a scholarship for persons with disabilities in accordance with the Rules on Benefits for Students of WSEI University

I. Details of the scholarship applicant

Surname						First name					
PESEL											
Studies: ☐ first-cycle studies ☐ second-cycle studies ☐ long cycle master's studies											
Year of study: ☐ first ☐ second ☐ third ☐ fourth ☐ fifth											
Address of residence .... –											

Field of study	
Full-time / Part-time	Student Register No.
Nationality:	
Email (mandatory)	
Contact phone (mandatory)	
+ 48	

I declare that I have a certificate of disability stating the following degree of disability: *(tick as appropriate)*

☐ Slight,
☐ Moderate,
☐ Considerable.

A document providing evidence of my disability is valid until: .....

I hereby attach to my application the following documents providing evidence for the degree of disability:

1. .....

2. .....

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(place, date) *(student's legible signature)*

Please transfer the scholarship awarded to my bank account:

☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

In case the deadline for the tuition fee expires, I agree to the payment of this scholarship to settle the arrears that have arisen.

The provided account number must also be entered in the student's details at the 'Virtual Dean's Office'. Failure to complete the bank account number will result in the payment of the scholarship being suspended.

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(place, date) *(student's legible signature)*

STUDENT DECLARATION

I hereby certify that under the penalty of perjury for giving false testimony – Article 233 § 1 of the Criminal Code ('whoever, while making a statement intended to serve as evidence in court proceedings or in other proceedings conducted pursuant to this Act, gives false testimony or withholds the information shall be subject to imprisonment from 6 months to 8 years'), perjury under Article 286(1) of the Criminal Code ('whoever, for the purpose of financial gain, causes another person to dispose of his or her own or another person's property by misleading him or her or using his/her error or inability to understand the act properly, shall be subject to a imprisonment from 6 months to six months)[1] and legal and disciplinary liability, I hereby declare:

- the data I have provided in my request are accurate and complete,
- the copies of the documents I have submitted are true copies,
- I have become familiar with and accepted the Rules of Awarding Benefits for Students of WSEI University and the annexes to the Rules,
- I have become with the data privacy notice, including information on the purpose and means of personal data processing and of my rights in relation to the personal data processing,

– I do not receive a student benefits for more than one field of study: a social scholarship, a scholarship for disabled persons, the Rector's scholarship and/or special assistance grant and, in the event of receiving benefits in another field of study or university, I undertake to immediately inform the University Scholarship Commission thereof in writing,
– my declaration concerns studying in Poland and abroad.

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(place, date) *(student's legible signature)*

I declare that the address given in my application is the address for delivery of postal items, including registered items, and I undertake to inform WSEI University of any change of address for delivery. In the event of failure to comply with this obligation, the document delivery at the stated address shall have legal effect.

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(place, date) *(student's legible signature)*

I declare that ***(complete all boxes or write 'not applicable'):***

– In addition, I am studying ☐ **YES**..... ☐ **NO**
(name of university, field of study, cycle of study and year)
– I hold a degree of:
- Master, Master of Science, Engineer or equivalent ☐ **YES** ☐ **NO**
date of awarding: ...../...../.....
- Bachelor, Engineer or equivalent ☐ **YES** ☐ **NO**
date of awarding: ...../...../.....

– The total duration of my studies with regard to leaves taken (regardless of receiving benefits) is ..... semesters including

☐ first-cycle studies – number of semesters: .....
☐ second-cycle studies – number of semesters: .....
☐ long-cycle master's studies – number of semesters: .....

– I am a candidate for a regular soldier or I am a regular soldier and I have undertaken studies upon referral from a competent military authority, or I have received assistance for studying under the regulations on military service of regular soldiers
Yes ☐ No ☐

– I am a public officer and I have undertaken studies upon referral or consent of the competent superior, and I have received assistance for studying under the provisions on public service: **Yes ☐ No ☐**

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(place, date) *(student's legible signature)*

[1] Please tick as appropriate