

Date of receipt: Signature of receiving person:
..... (place, date)

Scholarship Committee

Prince Mieszko I Poznań Medical University of Applied Sciences

**APPLICATION FOR A SCHOLARSHIP FOR PERSONS WITH
DISABILITIES**

Academic year 2024/2025 – Winter semester *(please fill in legibly)*

Surname and first name:

..... Student ID
number (Album No.):

Faculty:

Field of study¹:

☐ Administration 1st cycle (Bachelor's)

☐ Administration 2nd cycle (Master's)

☐ Internal Security 1st cycle (Bachelor's)

☐ English Philology 1st cycle (Bachelor's)

☐ Physiotherapy 2nd cycle (Master's)

☐ Physiotherapy (Long-cycle Master's)

☐ Pre-school and Early Childhood Pedagogy
(Long-cycle Master's)

☐ Physical Education 1st cycle (Bachelor's)

☐ Full-time mode

☐ Medical Studies / Medicine (Long-
cycle Master's)

☐ Nursing 1st cycle (Bachelor's)

☐ Nursing 2nd cycle (Master's)

☐ Cosmetology 1st cycle (Bachelor's)

☐ Pedagogy 1st cycle (Bachelor's)

☐ Pedagogy 2nd cycle (Master's)

☐ Psychology (Long-cycle Master's)

☐ Medical Rescue / Paramedicine 1st
cycle (Bachelor's)

☐ Part-time mode

Phone number:

..... E-mail:

.....

I hereby request the grant of a scholarship for persons with disabilities in the winter semester
of the academic year 2024/2025.

Justification:

.....
.....
.....

Bank account number:

.....

I attach a photocopy of a valid disability decision / decision on the degree of disability / decision referred to in Art. 5 and Art. 62 of the Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of Persons with Disabilities (Journal of Laws of 2024, items 44, 858, 1089, 1165)*.

**please underline the appropriate decision*

¹ Please mark the field and mode of study.

I declare that:

☐ I am not studying concurrently at another higher education institution/field of study. ☐ I am studying concurrently at another higher education institution/field of study:

- Name of the institution:
.....
- Field of study:
.....

☐ I have not applied for, nor do I receive benefits at another higher education institution/another field of study. ☐ I have applied for / I receive benefits at another higher education institution/field of study:

- Name of the institution:
.....
- Field of study:
.....

☐ I have not studied previously, before starting the current course of study. ☐ I have studied previously:

- Name of the institution:
.....
- Field of study:
.....

I am a graduate of:

☐ First-cycle studies (Bachelor's or Engineer's)

- Name of the institution:
.....
- Field of study:
.....
- Year of graduation:

☐ Second-cycle studies (Master's)

- Name of the institution:
.....

- Field of study:
.....
- Year of graduation:

☐ I have not graduated from any field of study and I did not study prior to starting the current course of study.

☐ I have not graduated from any field of study, but I studied prior to starting the current course of study.

Currently, I am studying in:

☐ First-cycle studies (Bachelor's studies)

☐ Second-cycle or Long-cycle Master's studies

The total period of studying at all higher education institutions in semesters (*semesters in which the student studied in 2 or more fields of study are counted once*):

☐ is shorter than 7 semesters

☐ falls within the range of 7 - 9 semesters

☐ falls within the range of 9 - 12 semesters

☐ falls within the range of 12 - 14 semesters

☐ is longer than 14 semesters

The exact number of semesters commenced² by me (at all higher education institutions where I have studied so far) is: semesters.

..... (*Student's signature*)

² Please indicate all commenced semesters, even if they were not completed (passed).

I declare that:

I have not graduated from studies of the same or higher cycle in the same or another field of study at the same or another higher education institution. I acknowledge that after graduating from any field of study of the same or higher cycle, I am not entitled to benefits in the form of the Rector's scholarship, social scholarship, scholarship for persons with disabilities, and allowance for studies of the same cycle.

I am aware of the provisions regarding the prohibition of receiving benefits in a second field of study, the prohibition of receiving benefits after completing studies of an equivalent or higher cycle, or exhausting the semester limit in which I am entitled to benefits, as well as the resulting obligation to return unlawfully received benefits.

I declare that I have read the Regulations on benefits for students of Prince Mieszko I Poznań Medical University of Applied Sciences.

I acknowledge the obligation to return benefits received on the basis of false data.

Being aware of the criminal liability under Art. 233 of the Penal Code, civil law liability, and disciplinary liability (up to and including expulsion from the University) for providing false data, I declare that I am applying for the above-mentioned assistance only at Prince Mieszko I Poznań Medical University of Applied Sciences in one field of study and that the provided information regarding my family, as well as the types and amounts of income, are complete and true to the facts.

I consent to the storage and processing of my personal data in the database of Prince Mieszko I Poznań Medical University of Applied Sciences for the purposes of financial support. I declare that I am aware of my right to inspect and correct this data.

Date and student's signature:

Date:

Student's signature: