

Date of receipt:

Signature of recipient:

..... (place, date)

Scholarship Committee

Prince Mieszko I Poznań Medical University of Applied Sciences

APPLICATION FOR EMERGENCY FINANCIAL AID

academic year 2024/2025 - winter semester

Surname and first name (please write legibly):

..... Student ID number (Nr albumu):

.....

Faculty:

.....

Field of study (Please select the correct field and mode of study):

☐ Administration (Bachelor's degree) ☐ Medicine (Uniform Master's) ☐ Nursing (Bachelor's degree) |

☐ Administration (Master's degree) ☐ Cosmetology (Bachelor's degree) ☐ Nursing (Master's degree) |

☐ Internal Security (Bachelor's degree) ☐ Pedagogy (Bachelor's degree) ☐ Psychology (Uniform Master's) |

☐ English Philology (Bachelor's degree) ☐ Pedagogy (Master's degree) ☐ Emergency Medical Services (Bachelor's degree) |

☐ Physiotherapy (Master's degree) ☐ Pre-school and Early Childhood Pedagogy (Uniform Master's) ☐ Physical Education (Bachelor's degree) |

☐ Physiotherapy (Uniform Master's) ☐ Full-time studies ☐ Part-time studies |

Phone number:

.....

E-mail:

.....

I request emergency financial aid.

Justification of the application

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.....

Declared monthly income per person in the student's household: (PLN).

Points 1, 2 - completed by the student

Required attachments to the Application for Emergency Financial Aid:

- Documents confirming the unforeseen random event in the student's family, issued by authorized offices and institutions (upon the student's request).

Bank account number:

.....

I declare that:

☐ I am not studying concurrently at another university/field of study

☐ I am studying concurrently at another university/field of study:

Name of the university:

.....

Field of study:

.....

☐ I have not applied for, nor am I receiving, benefits at another university/field of study

☐ I have applied for / am receiving benefits at another university/field of study:

Name of the university:

.....

Field of study:

.....

☐ I have not studied previously, prior to commencing the current course of studies.

☐ I have studied previously:

Name of the university:

.....

Field of study:
.....

I am a graduate of:

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

Name of the university:
.....

Field of study:
.....

Year of graduation:

☐ Second-cycle studies (Master's degree).

Name of the university:
.....

Field of study:
.....

Year of graduation:

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

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

Currently I am studying in:

☐ First-cycle studies (Bachelor's degree)

☐ Second-cycle or Uniform Master's studies (Master's degree)

Total duration of study across all universities in semesters (semesters in which the student studied in 2 or more fields 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 universities where I have studied so far) is: semesters [Please indicate all commenced semesters, even if they were not completed (passed)].

..... (student's signature)

I declare that:

I have not completed studies of the same or higher cycle in the same or another field, at the same or another university. I acknowledge that after completing 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 emergency financial aid, in studies of the same cycle.

I am aware of the regulations prohibiting the receipt of benefits in a second field of study, prohibiting the receipt of benefits after completing a degree of equal or higher cycle, or after 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 Student Benefits of Prince Mieszko I Poznań Medical University of Applied Sciences.

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

Aware of the criminal liability under Article 233 of the Penal Code, civil liability, and disciplinary liability (up to and including expulsion from the University) for providing untrue data, I declare that I am applying for the above-mentioned aid only at Prince Mieszko I Poznań Medical University of Applied Sciences in one field of study, and that the information provided regarding my family, as well as the types and amount of income, are complete and consistent with 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 signature of applicant:

Date:

Signature of student: