

..... (place, date)

Date of receipt: 202...

Signature of receiving officer: Date of receipt: ..202...

Scholarship Committee

Prince Mieszko I Poznań Medical University of Applied Sciences

APPLICATION FOR SOCIAL SCHOLARSHIP

Academic year 2024/2025 – winter semester

(please fill in legibly)

Full name

.....

Student ID number (Nr albumu)

.....

Faculty

.....

Field of study¹:

	Administration (1st cycle / Bachelor)		Medicine (Uniform Master)		Nursing (1st cycle / Bachelor)
	Administration (2nd cycle / Master)		Cosmetology (1st cycle / Bachelor)		Nursing (2nd cycle / Master)
- - -	---	- - -	---	- - -	---
	Internal Security (1st cycle / Bachelor)		Pedagogy (1st cycle / Bachelor)		Psychology (Uniform Master)

	Administration (1st cycle / Bachelor)		Medicine (Uniform Master)		Nursing (1st cycle / Bachelor)
- - -	---	- - -	---	- - -	---
	English Philology (1st cycle / Bachelor)		Pedagogy (2nd cycle / Master)		Emergency Medical Services (1st cycle / Bachelor)
- - -	---	- - -	---	- - -	---
	Physiotherapy (2nd cycle / Master)		Preschool and Early Childhood Pedagogy (Uniform Master)		Physical Education (1st cycle / Bachelor)
- - -	---	- - -	---	- - -	---
	Physiotherapy (Uniform Master)		Full-time mode		Part-time mode

Phone number

.....

E-mail

I hereby apply for a social scholarship in the winter semester of the academic year 2024/2025.

STUDENT'S FAMILY COMPOSITION

No.	Full name	Year of birth	Degree of kinship	Place of employment (employer's name – address, other source of income, school name)	Monthly net income	Remarks
1.						Applicant
2.						
3.						
4.						
5.						
6.						

AVERAGE MONTHLY NET INCOME PER FAMILY MEMBER:

Bank account number:

.....

I hereby 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 university:

.....

Field of study:

.....

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

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

Name of university:

.....

Field of study:

.....

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

☐ I have studied previously:

Name of university:

.....

Field of study:

.....

I am a graduate of:

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

Name of university:

.....

Field of study:

.....

Year of graduation:

☐ Second-cycle studies (Master's degree)

Name of university:

.....

Field of study:

.....

Year of graduation:

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

☐ I have not completed any degree program, but I studied prior to starting the current course of study. Currently, I am enrolled in:

☐ First-cycle studies (Bachelor's degree)

☐ Second-cycle studies or Uniform Master's studies

Total period of studying at all universities in semesters (semesters during which the student studied in 2 or more fields of study are counted once):

☐ less than 7 semesters

☐ between 7 - 9 semesters

☐ between 9 - 12 semesters

☐ between 12 - 14 semesters

☐ longer than 14 semesters

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

I declare that:

..... (Student's signature)

☐ I have not completed studies of the same or higher level in the same or another field of study at the same or another university. I acknowledge that after graduating from any degree program of the same or higher level, I am not entitled to financial support in the form of a Rector's scholarship, social scholarship, scholarship for persons with disabilities, or emergency grant during studies of the same level.

I am aware of the regulations prohibiting the receipt of financial assistance benefits in a second field of study, the prohibition of receiving financial assistance benefits after graduating from an equivalent or higher level degree program, or after exhausting the semester limit eligible for 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 criminal liability under Art. 233 of the Penal Code, civil liability, and disciplinary liability (up to and including expulsion from the University) for providing false information, I declare that I am applying for the above-mentioned assistance only at the 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 material aid. I declare that I am aware of my right to inspect and correct this data.

..... (Student's signature)

Date: Student's signature:

¹ Please mark the appropriate field of study and mode of study.

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