

Date of receipt: 20...

Signature of the receiving person:

..... (place, date)

Scholarship Committee

Prince Mieszko I Poznań Medical University of Applied Sciences

Application for the Rector's Scholarship

Academic year 2024/2025 (winter semester)

(please fill out legibly)

Full name:

.....

Student ID number (Album No.):

.....

Faculty:

.....

Field of study¹

☐ Administration (1st cycle)

☐ Administration (2nd cycle)

☐ Internal Security (1st cycle)

☐ English Philology (1st cycle)

☐ Physiotherapy (2nd cycle)

☐ Physiotherapy (Long-cycle Master's)

☐ Medicine (Long-cycle Master's)

☐ Cosmetology (1st cycle)

☐ Pedagogy (1st cycle)

☐ Pedagogy (2nd cycle)

☐ Preschool and Early School Pedagogy (Long-cycle Master's)

☐ Nursing (1st cycle)

☐ Nursing (2nd cycle)

☐ Psychology (Long-cycle Master's)

☐ Emergency Medical Services (1st cycle)

☐ Physical Education (1st cycle)

☐ Full-time mode

☐ Part-time mode

Phone number:

.....

E-mail:

.....

*I hereby apply for the Rector's scholarship:**

- Average grade from exams and course completions obtained in the previous academic year:
.....
.....
- Athletic achievements:
.....
.....
- Artistic achievements:
.....
- Academic / Scientific achievements:
.....
.....

** delete as appropriate*

Bank account number:

.....

The circumstances presented in this application are confirmed in the documents attached in accordance with the template.

¹ *Please mark the appropriate 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 am I receiving, financial support benefits at another higher education institution / field of study.

☐ I have applied for / am receiving financial support benefits at another higher education institution / field of study:

Name of the institution:

.....

Field of study:

.....

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

☐ I have not completed 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 degree)

☐ second-cycle or long-cycle Master's studies

Total duration of study across all higher education institutions in semesters (semesters during 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 started² by me (at all institutions where I have studied so far) is: **semesters**

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

.....

(student's signature)

I declare that:

I have not completed studies of the same or higher level 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 level, I am not entitled to benefits in the form of the Rector's scholarship, social scholarship, scholarship for persons with disabilities, or emergency allowance, in studies of the same level.

I am aware of the regulations 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 level, or exceeding 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 for Student Support Benefits at Prince Mieszko I Poznań Medical University of Applied Sciences.

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

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 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 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 assistance. I declare that I am aware of my right to inspect and correct this data.

.....

(student's signature)

Date:

Student's signature:

To be completed by an employee of the Prince Mieszko I Poznań Medical University of Applied Sciences Dean's Office

The student obtained registration for semester in the academic year

.....

.....

The student applying for the Rector's scholarship for the best students obtained:

- Grade point average in the academic year 2024/2025:

.....

- Athletic achievements:

.....

.....

- Artistic achievements:

.....

- Academic / Scientific achievements:

.....

** delete as appropriate*

.....

(signature of the Dean's Office employee)

