

Warsaw, ____/____/20__

Application no.		Academic year	2022/2023
Date of receipt		____/____/20__	
Signature of the receiving person			

FACULTY SCHOLARSHIP COMMITTEE

Completed by the dean's office or scholarship committee

Application for a benefit

Faculty					
Surname		Names			
Student record book number		PESEL no.			
Address					
City		Post code		Citizenship	
Street		Building number		Flat	
E-mail address		Phone number		Study: full-time/part-time*	
Cycle of study	first / second / PhD student*	Semester of study		Field of study	
Bank account number					

The total time of having student status is ____ semesters.

In the current academic year, I have been awarded a benefit: YES/NO*

Committee's decisions:

The benefit is not awarded because*: b) two benefits were awarded in the current academic year, c) other, what (specify) _____	
The benefit is awarded to the amount of PLN _____. (in words: PLN _____)	
	signature
Date	

