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To the Rector/Scholarship Committee
Maritime University of Szczecin

To be completed by the student:

First and last name	FULL-TIME studies ☐ PART-TIME studies ☐
Date of birth (dd;mm;yy)	First-cycle studies ☐ Second-cycle studies ☐
Permanent residence address	Year of study
	Field of study
	Faculty
Phone number	Specialization
	Register number

Please transfer the benefits to my bank account:

		-				-				-				-				-				-							
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Benefits granted on the basis of false data are subject to repayment, and the student may be referred to a disciplinary committee.
A student residing abroad who has not appointed a representative residing in Poland to handle the case is required to appoint a representative in Poland for the purpose of delivering documents, unless delivery is effected by electronic means of communication.
If no representative for delivery of documents is appointed, letters intended for the student shall be left in the case file with the effect of delivery.

Application for a maintenance grant
for the academic year 20..../20....

1. I am applying for a maintenance grant due to my difficult financial situation
2. Currently, my family consists of the following persons (Table A):

Degree of kinship	First name and last name	Year of birth	Place and date of employment (month, year), place of education (school, year of study)
1. Student			Szczecin Maritime University
2.			
3.			
4.			
5.			

Persons who may be members of the student's family are listed in § 15(3)(3-4) of the Regulations

3. Due to my difficult financial situation, I am requesting an increase in the amount of my maintenance grant ☐ Yes,☐ No
4. Aware of the criminal liability for false testimony under Article 233 § 1 of the Criminal Code and disciplinary liability for providing false information, I **declare** that:

1) the above information regarding the fulfillment of the conditions necessary to receive benefits is complete and true,

2) I do not receive a maintenance grant, a disability allowance, a rector's scholarship, or special allowance for more than one field of study;

3) I am also studying:

☐ YES (provide the name of the university, year, and field of study)
studies:☐ first-cycle,☐ second-cycle,☐ uniform master's degree; ☐ NO

- 4) I have already completed studies:
☐ YES – date of graduation (provide the name of the university, years, field of study, specialization)
and I hold the title of: ☐ NO
- 5) I have read the Regulations on benefits for students of the Maritime University of Szczecin and accept all the terms and conditions contained therein;
- 6) I undertake to return any unduly received benefits and agree to the deduction of any unduly received benefits from the scholarships I receive;
- 7) I undertake to immediately inform the scholarship authority about receiving a maintenance grant, a scholarship for disabled persons, a Rector's scholarship, and special allowance for more than one field of study.

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(date and student's signature)

To be completed by a University employee:

Calculation of average income per person in the family (Table B)
(consisting of the persons listed in Table A)

	Type of data for calculating the average income per person in the family	Amount in PLN
1.	Average monthly net family income	
2.	Number of persons in the family	
3.	Monthly net income per person	

Date	Maximum income entitling you to receive a scholarship	Actual income per person/month	Difference between maximum and actual income

It is proposed:

☐ not to award the scholarship due to

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☐ to award a scholarship for the academic year 20..../20.... in accordance with the Regulations:

	Type of scholarship	Grant amount	Proposed grant period
1.	Maintenance grant		
2.	Increase in maintenance grant		
TOTAL			

Justification for the proposal:

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(date and signature of the person preparing the document)