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To the Rector/Scholarship Committee
of the 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 delivery of 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 special allowance

1. I am applying for financial assistance in the amount of PLN for the following reason:

☐ an accident;
☐ serious illness of the student or a member of their immediate family (parents, legal guardians, child, spouse, siblings), resulting in additional financial expenses;
☐ death of a close family member (parents, legal guardians, child, spouse, siblings); *(present death certificate for inspection)*
☐ damage caused by a natural disaster or unforeseen event (e.g., fire, theft);
☐ birth of a student's child *(present the birth certificate for inspection)*.
☐ other:
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2. I declare that I am temporarily in a difficult life situation. Description of the difficult situation:
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3. I am receiving the following benefits:

☐ In the current academic year, I have received special allowance in the amount of PLN
☐ in the current academic year, I have not received special allowance

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)
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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)
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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 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 disability allowance, 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:

Proposal for special allowance in the academic year 20..../20.... according to the Regulations

It is proposed:

- ☐ to grant special allowance in the amount of PLN
- ☐ not to grant special allowance.

Justification for the proposal:

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(date and signature of the person preparing the document)