ATTACHMENT NO 12

|  |  |
| --- | --- |
| First name  | Album no |
| Last name  | Parents names |
| Programme of study  | Pesel no/passport no  |
| Year of study (in the academic year in which the student applies for the benefit) I II III IV V VI  | System of studies full-time  part-time  |
| Study mode: Bachelor’s Master’s long-cycle Master’s studies  |
| Address……………………….......................................................................................................................................... - ……..……………………………………..……… |  |
| Phone ………………………………………………………………………e-mail ………………………………………………...……………………………….... | Citizenship ………………………………………………………….……………… |  |

 **Please transfer the awarded cash benefit to my account number**

 **account number:**

**Financial Aid Application to the Scholarship Committee for the academic year**

**20…./20….**

**I request a financial aid due to\*:**

 Student's accident and its consequences

 Sudden illness\* of a student/ parent/ sibling/ husband/ wife/ child

 Death of an immediate family member\* ( parent/ husband/ wife/ child)

 Natural disasters

 Birth of a student's child
 Theft of significant value to the detriment of a student

 Other incidents

Justification:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Notes by the staff member from the Office of Students Social Affairs
income: …………………….………..
scholarship for students with disabilities: .….……………… Rector’s Scholarship: ………………
Scholarship committee financial aid: ………………….……. Scholarship appeals committee
 financial aid: …………………………

**STATEMENT**

Aware of the criminal liability for the offence specified in Article 286 of the Act of 6 June 1997, the Criminal Code – ‘Whoever, for the purpose of obtaining financial gain, causes another person to dispose of their own or another person's property to their disadvantage by misleading them or exploiting their error or inability to properly understand the action taken, shall be subject to imprisonment for a term of between 6 months and 8 years’ – Article 233 § 1 in conjunction with § 6 and disciplinary liability under Article 307 of the Act of 20 July 2018 Law on Higher Education and Science, I declare that the information provided by me in the application is true and accurate, I have read the applicable Regulations on Benefits for Students of the University of Life Sciences in Lublin, I am not applying and will not apply for financial aid in another field/programme of study.

**LIST OF PROGRAMMES STUDIED AS OF THE DATE OF APPLICATION**
**enter all programmes of study studied: started studies (including the programme of study in which the student applies for a scholarship), uncompleted programmes, completed studies and the period of study**

|  |  |  |  |
| --- | --- | --- | --- |
| UNIVERSITY | PROGRAMME\* |  PERIOD OF STUDY | COMPLETED STUDIES |
| FROM | TO | NO | YES/COMPLETION DATE |
| University of Life Sciences in Lublin | programme of study in which the student applies for the Rector's scholarship………………………………………………………… Bachelor’s Master’s  long-cycle Master’s programme | …….…….month, year |  |  |  |
| …………………………………………. | ………………………………………………………… Bachelor’s Master’s  long-cycle Master’s programme | .…………..month, year | ……….…..month, year |  | …………………..month,year |
| …………………………………………. | ………………………………………………………… Bachelor’s Master’s  long-cycle Master’s programme | .…………..month, year | ……….…..month, year |  | …………………..month, year |
| …………………………………………. | ………………………………………………………… Bachelor’s Master’s  long-cycle Master’s programme | ……………month, year | ……….…..month, year |  | …………………..month, year |
| …………………………………………. | ………………………………………………………… Bachelor’s Master’s  long-cycle Master’s programme | …………...month, year | ……….…..month, year |  | …………………..month, year |

In addition, I agree to deduct unduly collected benefits from the scholarships received and undertake to repay the unduly collected benefits. The following are regarded as unduly collected benefits: a material support benefit paid out despite the occurrence of circumstances causing the termination or suspension of the right to material support benefits and benefits awarded or paid out on the basis of false statements or documents or in other cases of deliberate misrepresentation by the student.

Pursuant to Art. 13 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data – general regulation on data protection (Journal of Laws UE L 119/1 of May 4 2016), the University of Life Sciences informs that:
1. The administrator of your personal data is the University of Life Sciences in Lublin, 13 Akademicka Street, 20-950 Lublin, represented by the Rector.
2. The University of Life Sciences has appointed a Data Protection Supervisor. The Supervisor can be contacted by e-mail: anna.buchlinska@up.lublin.pl,
at telephone number 814456012 or directly at 13 Akademicka Street, 20-950 Lublin room no. 474 C.
3. Your personal data will be processed solely for the purpose of documenting the award of the Rector's scholarship and will not be shared with other recipients.
4.The provision of data is voluntary, but necessary for the processing of the application and the award of the Rector's scholarship.
5. You have the following rights in accordance with the General Data Protection Regulation: the right to access your data and to receive a copy of it; the right to rectify and supplement your data; the right to erase personal data or to restrict processing only if the processing does not take place in order to comply with an obligation under the law; the right to obtain information; and the right to lodge a complaint with the President of the Office for Personal Data Protection (to the address of the
Office for Personal Data Protection, 2 Stawki Street, 00-193 Warsaw);
I, the undersigned, consent to the Administrator processing my personal data contained in the submitted documentation
for the purpose of the Rector's scholarship award procedure.
The Administrator informs that this consent may be withdrawn at any time and the withdrawal of consent does not affect the lawfulness of the processing carried out on the basis of this consent before its withdrawal.

………………………………..
 date and student's signature

 \*mark appropriate