**ANNEX NO. 1**

**APPLICATION**

**for social scholarship, social scholarship in increased amount,**

**scholarship for the disabled**

…………………………………………….

Name and surname; PESEL No.

………………………....………………….

Address

………………………....………………….

Phone, e-mail

…………………………………………….

Year of studies

**The Scholarship Committee**

**of Nencki Institute of Experimental Biology,**

**of the Polish Academy of Sciences**

**I apply for:**

* a social scholarship
* a social scholarship in an increased amount for accommodation outside
the permanent place of residence/for residing with an unemployed spouse
or child.
* a scholarship for persons with mild/moderate/severe degree of disability\*

**I. I hereby declare that my family consists of the following members living in the same household:**

*The doctoral student and every member of the student's family is obliged to submit appropriate certificates from the Tax Office concerning the income for the last tax year or lack thereof. The doctoral student and every member of the student's family not entered in the register of taxpayers conducting non-agricultural business activity is obliged to additionally submit a certificate from the Tax Office confirming this fact. The list
of required documents is included in Annex No. 2 to the Regulations. The certificates shall be submitted
by the doctoral student and every member of the student's family over 18.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name and surname** | **Date of birth** | **Degree of kinship** | **Place of employment or study (indicate also the year of studies)****or other source of income** |
|  |  |  |  |  |
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**II. I hereby enclose the following documents supporting the information contained in point I.**

1. ………………………………………………………………………………………………..
2. ………………………………………………………………………………………………..
3. ………………………………………………………………………………………………..
4. ………………………………………………………………………………………………..
5. ………………………………………………………………………………………………..
6. ………………………………………………………………………………………………..
7. ………………………………………………………………………………………………..
8. ………………………………………………………………………………………………..
9. ………………………………………………………………………………………………..
10. …………………………………………………………………………………………...
11. …………………………………………………………………………………………...
12. …………………………………………………………………………………………...

*For doctoral student’s siblings or children under the age of 18, the copies of birth certificates or other documents confirming age are required, while for doctoral student’s siblings or children who study
and are over 18, certificates of study are required.*

\* income criteria does not apply to scholarships for the disabled

|  |  |
| --- | --- |
| *.....................................................................* | *.....................................................................* |
| *(place, date)* | *(applicant’s signature)* |

**DECLARATION**

Cautioned about criminal responsibility for a crime under Art. 286 of the Penal Code - **"Whoever, in order to obtain financial gain, leads another person to unfavourable disposal of his/her own or someone else's property by misleading him/her
or by unfair profiting through his/her error or inability to properly understand the action taken shall be subject to imprisonment for a term of between 6 months and 8 years".** - (Journal of Laws of 2020, item 1444) and on disciplinary responsibility under
Art. 322, Section 1 of the Act of 20 July 2018 - The Law on Higher Education and Science
(i.e. Journal of Laws of 2020, item 85, as amended)\*\* I hereby declare that:

* the information provided in the application and the documents supporting
the application are accurate and complete.
* I have read the Regulations on granting financial assistance benefits to doctoral students from the financial assistance fund.
* I submitted an application for financial assistance benefits for the academic year .../... only as a doctoral student at the Nencki Institute of Experimental Biology PAS. I have read Art. 199, Section 3 in connection with Art. 184, Section 4 of the Act of 27 July 2005 - The Law on Higher Education (i.e. Journal of Laws of 2017, item 2183,
as amended).
* I declare that I am / am not\*\*\* a student of other doctoral programme (specify which one) ....................................... at the university/institute (specify which one)...............................................................
* I consent to the processing of my personal data contained in this application by the Nencki Institute Scholarship and Appeal Scholarship Committee and its designated legal or financial consultants.

|  |  |
| --- | --- |
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| *.....................................................................* | *.....................................................................* |
| *(place, date)* | *(signature of the person making the declaration)* |
|  |  |