*Annex no.1 to the Regulation of awarding benefits to UG students*

**APPLICATION FOR THE GRANTING OF MATERIAL ASSISTANCE IN THE ACADEMIC YEAR 20…./………**

**(APPLICATION FORM SHOULD BE COMPLETED LEGIBLY IN CAPITAL LETTERS)**

 **University of Gdańsk**

**Bursary Committee**

…………………………………………………………………………….……..

NAME AND SURNAME

………………………………………………………………………..…………

FACULTY, FIELD AND YEAR OF STUDY

…………………………………………………………………………………...

|  |  |  |
| --- | --- | --- |
| **Course type** | **full-time studies** | **part-time studies** |
|  |  |
| **first-cycle studies** | **second-cycle studies** | **long-cycle studies** |
|  |  |  |

STUDENT NUMBER

……………………………………………………………………………………

NATIONALITY

……………………………………………………………………………………

CONTACT NUMBER AND E-MAIL

……………………………………………………………………………………

……………………………………………………………………………………

…………………………………………………………………………………….

PERMANENT RESIDENCE ADDRESS /CORRESPONDENCE ADDRESS

PLEASE TRANSFER THE BENEFITS GRANTED TO THE FOLLOWING BANK ACCOUNT NUMBER:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(bank account number)

AT: (NAME OF BANK)…………………………………………………………………………………………………………………………

**I request to be granted the following material assistance:**

* *need-based assistance;*
* *increased need-based assistance due to:*
	+ *taking up residence in student accommodation*
	+ *taking up residence elsewhere*
	+ *other duly justified circumstances*
* *special disability assistance:*
	+ *severe degree of disability*
	+ *moderate degree of disability*
	+ *mild degree of disability*
	+ *disability certificate valid from ……………………… until …………………………….*
* *allowance*

**Calculation of average net monthly income per family member:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Name and surname**  | **Year of birth**  | **Degree of kinship**  | **Place of work or study /other means of subsistence/** | **Net annual income**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Net monthly income per family member according to documentation amounts to**

/rounded to two decimal places/

**in words:**

I declare that:

1. In the calendar year preceding the submission of this application (or after this year) a family member generated / did not generate \* income. In the event of change, please provide the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Name and surname**  | **Year of birth**  | **Degree of kinship**  | **Date and source of generated income**  | **Amount of income generated** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. In the calendar year preceding the submission of this application (or after this year) a family member lost / did not lose\* income. In the event of change, please provide the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Name and surname** | **Year of birth** | **Degree of kinship** | **Date and source of lost income**  | **Amount of income****lost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. I am simultaneously pursuing / I am not pursuing\* another course of study. If yes, please provide:

name of university, faculty, field of study:…………………………………………………………………………………………………

type and year of study (first-cycle, second-cycle, long-cycle studies):……………………………..…………………………………...

anticipated date of completion of study, according to university regulations: …………………………………………………….

1. I have completed / have not completed\* a field of study at … If yes, please provide:

name of university, faculty, field of study*:………………………………………………………………………………………………….*

*type of study (first-cycle, second-cycle, long-cycle studies ) ……………………………………………………………………………*

*date of graduation: ………………………………………………………………………………………………….…….………...*

1. I am not receiving or applying to receive scholarship in another field of study or at another university.
2. In the event of receiving material assistance in another field of study or at another university, as well as in the event of any other circumstances which may arise and influence the right to receive material assistance, I shall immediately notify the University Bursary Committee and return benefits unduly received.
3. I am acquainted with the Regulation of awarding benefits to UG students and the conditions entitling receipt of benefits from the UG Undergraduate and Doctoral Student Scholarship Fund.

**\*** delete where inapplicable

**Aware of the legal liability for, amongst others, providing false data, including possible expulsion from the University and the necessity to repay unlawfully allocated financial resources, and criminal liability under Article 286 § 1 of the Penal Code [“Whoever, with the purpose of gaining a material benefit, causes another person to disadvantageously dispose of his own or someone else’s property by misleading him, or by taking advantage of a mistake or inability to adequately understand the action undertaken shall be subject to the penalty of deprivation of liberty for a term of between 6 months and 8 years”], as well as disciplinary liability under Article 307 of the Act of 20 July 2018 on the Law on Higher Education and Science (i.e. Journal of Laws 2018, item 1668) [ A student shall be subject to disciplinary liability for infringing the regulations in force at the University and for an act of wrongful conduct], I declare that all the attached documentation and the data contained therein regarding the type and amount of income of family members living in the same household are complete and factually correct.**

According to Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) hereinafter referred to as GDPR, we wish to inform you that:

1. Your personal data controller is the University of Gdańsk with its seat in (80-309) Gdańsk at ul. Jana Bażyńskiego 8.

2. The controller has appointed a Data Protection Officer, who may be contacted by phone at (58) 523 24 59 or by e-mail at: poin@ug.edu.pl. The Data Protection Officer may be contacted in all matters regarding the processing of personal data and exercising rights connected with processing.

3. Your personal data will be processed for the purposes of granting and processing a specific benefit payable as part of material assistance from the undergraduate and doctoral student scholarship fund and also establishing, pursuing or defending eventual claims.

4. The legal basis for processing your personal data is Article 6 Section 1 Letter c of the GDPR, with the processing being necessary to comply with the legal obligation to which the controller is subject, resulting in particular from Article 86 of the Act

of 20 July 2018 on the Law on Higher Education and Science (i.e. Journal of Laws 2018, item 1668). Moreover, the University shall process your personal data on the basis of the *Regulation of awarding benefits to students*, established in connection with Article 95 of the aforementioned Act.

5. The provision of your personal data is voluntary but constitutes a prerequisite for your application for a specific benefit from the undergraduate and doctoral student scholarship fund to be considered.

6. Your personal data will be processed on behalf of the data controller by authorised personnel solely for the purposes specified in section 3.

7. Your personal data will be stored for the period necessary to achieve the objectives specified in section 3, with due regard to the requirements set out in archival regulations. Moreover, the controller reserves the right to store your personal data for the period necessary for establishing, pursuing or defending eventual claims but no longer than the expiry of the limitation period. 8. Your personal data shall not be disclosed to any external entity with the exception of cases prescribed by law.

9. Under the terms of the GDPR you have the right to:

a) access your data,

b) rectify your data, should it be factually incorrect,

c) erase your data, restrict the processing of it, as well as the right to data portability – in cases prescribed by law,

d) object to the processing of data,

e) lodge a complaint with a supervisory authority – President of the Personal Data Protection Office, should you consider that the processing of your personal data infringes personal data protection regulations.

 …………………………………………………..

 signature of applicant

**Additional grounds for application:**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**………….……………………………………………………
signature of applicant**

**To be completed by an employee of COSSiD** (**Undergraduate and Doctoral Student Scholarship Centre)**

1. I confirm submission of application with attachments:

 Date of submission of application to COSSiD: ………………………………… ……………………………..…

 Stamp and signature of COSSiD employee

2. I confirm submission of application without required attachments:

…………………………………………………………...

……………………………………………………………

……………………………………………………………

……………………………………………………………

Date of submission of application to COSSiD: ………………………………… …… ……….……………………….

 Stamp and signature of COSSiD employee

**OFFICIAL COMMENTS:**

**Request to provide further documentation issued on (date):……………**

Signatures of UG Bursary Committee:

**Application not granted consideration on (date):………….**

Signatures of UG Bursary Committee:

**The following assistance has been / has not been \* granted:**

**- NEED-BASED ASSISTANCE to the amount of …………….…...…,**

**- INCREASED NEED-BASED ASSISTANCE to the amount of ………………….,**

**- SPECIAL ASSISTANCE to the amount of …………......……,**

**- ALLOWANCE to the amount of …………….……,**

**For the period from ……………………………… to …………………………………**

**Application considered on (date) ……………………………………………………**

\* *delete where inapplicable*

Signatures of UG Bursary Committee: