



(barcode)

**APPLICATION FOR A MAINTENANCE GRANT
FOR THE ACADEMIC YEAR/.....**

First name and surname:	Field of study:
Student ID number:	Profile of studies:
Telephone number:	Year of studies:
Level of studies:	Mode of studies:
University e-mail address of the applicant:	
Applicant's permanent address:	
Correspondence address (if different from the above):	

I hereby apply for:

- ☒ a social stipend
- ☐ an increased social stipend on the grounds of:
- ☐ the monthly income per member of the student's family not exceeding PLN 400;
 - ☐ being an orphan or half-orphan, where the student's parent(s) are deceased;
 - ☐ other life circumstances involving severe and distressing events that could not have been prevented.

Justification:

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Income of family members (including the student) earned in the calendar year:

No.	Family members (first name and surname)	Date of birth	Relationship			Dochody netto (zł)				
				Taxable income (annual) ¹⁾	Income subject to flat-rate income tax (annual)	Non-taxable income (annual)	Lost income (annual)	Total (annual)	Income gained (monthly)	Total (monthly)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Total:										

¹⁾ Pursuant to Articles 27, 30b, 30c, 30e and 30f of the Act of 26 July 1991 on Personal Income Tax, reduced by deductible expenses incurred in earning the income, personal income tax due, social insurance contributions not included in deductible expenses, and health insurance contributions.

1. Other annual net family income in:PLN
2. Deductions in respect of maintenance payments made to other persons in:PLN
3. Annual lost family income in:PLN
4. Annual net family income in:PLN
5. Monthly income gained in:PLN
6. Monthly income gained after:PLN
7. Monthly net income per family member:PLN

Aware of the criminal, civil and disciplinary liability for providing false information, I declare that neither I nor any member of my family receives any income other than that declared in this application.

Date and student's signature

Aware of the criminal, civil and disciplinary liability for providing false information, I declare that all information contained in this application and the attached documents is true and accurate.

I request that the awarded stipend be transferred to my bank account.

Date and student's signature

I declare that I have read the *Rules for awarding allowances to Poznan University of Technology students* (Ordinance No. 27 of the Rector of Poznan University of Technology of 23 September 2024).

Date and student's signature

Information on the processing of personal data is available at: <https://put.poznan.pl/ochrona-danych-osobowych>.

I acknowledge that information relating to this application, including any request to supplement the submitted documentation, will be communicated via the eStudent/USOSweb system.

Date and student's signature