Scholarship Commission

of The International University of Logistics and Transport in Wrocław

Application for the allowance

Part A – to be completed by the student

Surname
Name (s)
Address
Student Record Book NoStudiesSemester
PESEL (Personal Identification Number) E-mail.
Citizenship: Polish / other Phone:
My family consists of persons. The monthly income per person in my family, calculated according to the
rules set out in the Regulations of Material Assistance for Students of IULT in Wrocław, amounts to.
PLN).
In the current academic year, I was awarded a social grant: YES/NO* amounting to
PLN
In the current academic year, I received the following financial aid: YES/NO*.
Explanation, attachments
(Describe the personal situation below. Documents supporting the situation described must be attached to the
application. The attached documents should be numbered. The numbers of the attached documents should be
entered below, together with their name and a brief description of their content)

• • • • • • • • • • • • • • • • • • • •	• • • • • • •	• • • • • • •	• • • • • •		• • • • • •		• • • • • •		••••				••••			• • • • • •					• • • • • •	•••
• • • • • • • • • • • • • • • • • • • •	• • • • • • •	• • • • • • •	• • • • • •			• • • • •			••••			• • • • •					• • • • •		• • • • •			•••
• • • • • • • • • • • • • • • • • • • •	• • • • • • •	• • • • • • •	• • • • • •			• • • • •	• • • • • •		••••			••••	• • • • •		• • • • •		• • • • •		• • • • •		• • • • • •	•••
	• • • • • • •	• • • • • • •	• • • • • •			• • • • •	• • • • • •		• • • • •				• • • • •		• • • • •		• • • • •		• • • • •			•••
rt B- 1	to be o	compl	leted	by th	he U	nive	rsity															
				S	СНО)LA	RSH	IP G	RAI	NTE	D IN	TH	E A	MO	UNT	OF	– PI	LN	•••••	•••••		••••
															• • • • •							
												Date and signature of the chairman of the Scholarship Commission										
rt C -	to be	compl	leted	by th	he st	uden	ıt* (c	choos	sing o	one c	f the	met	hods	of c	laim	ing t	he be	enefi	t liste	ed be	elow)	:
Please	trans	fer th	e gra	ınted	sch	olars	hip t	to the	e foll	owir	ıg ac	cou	nt:									
			J				-															
ame an	d add	ress o	of the	banl	k:	•••••													• • • • • • • • • • • • • • • • • • • •			
ccount	numb	er:																				
		1	1	$\overline{\mathbf{T}}$						l			1	1	1			1				1
nk tra	ncfor	dotoil	la•																			
шк па	115161	uetan	15.																			
ame and	l surna	ame: .																				
ddress o	of resi	dence:	:																			
																				•••••		
																Date	and	stud	ent's	sign	ature	
Please	trans	fer th	e gra	ınted	sch	olars	ship	to co	ver	the t	uitio	n co	sts.									
															• • • • •		•••••	• • • • • • •	•••••	•••••	•••••	••••
																Data	and	etu A	ant'a	cian	ature	٠
																Date	and	stud	ont S	sign	ature	

DECLARATIONS OF THE PERSON APPLYING FOR MATERIAL ASSISTANCE

Being aware of the criminal liability for providing false information (Article 233 § 1 of the Penal Code), the responsibility for leading to an unfavorable disposition of one's own or someone else's property (Article 286 of the Penal Code) as well as administrative, civil and disciplinary liability, I declare that:

1. The data provided by me in the application is consistent with the facts,
2. The documents I have submitted are truthful and comprehensively show my financial situation,
3. I did not conceal the circumstances affecting the award of benefits,
4. I am studying at the same time at:
1. I have graduated from the first-cycle studies
□NO
☐ YES
2. I have already finished my second-cycle or uniform master's studies
\square NO
YES
3. I already have a master's degree or an equivalent degree
\square NO
YES
4. I applied for a social scholarship, scholarship for the disabled, financial support, Rector's
scholarship at another university or another field of study:
\square NO
☐ YES
Please, provide the name of the university or field of study
1. I undertake to return unduly received benefits and agree to deduct benefits unduly received from granted scholarships or other funds that are or should be paid by the University,
Date and legible signature of the student

The International University of Logistics and Transport in Wroclaw - the Administrator of your personal data, pursuant to Article 13 of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons in relation to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (hereinafter: RODO), informs that:

- 1. The Administrator of your personal data is the International University of Logistics and Transport in Wrocław, (also referred to as the IULT and the University), based in Wrocław, at Sołtysowicka 19B St. (51-168 Wrocław),
- 2. Contact with the Administrator in matters related to the processing of Personal Data is possible by sending an e-mail to: iodo@msl.com.pl.
- 3. Your personal data will be processed for the purpose of administrative proceedings on the granting of material assistance.
- 4. The University may process your personal data because the data subject has given his/her consent to the processing of his/her personal data for one or more specified purposes;
- 5. The University processes Personal Data only to the extent that it is necessary for the purposes of its activities.
- 6. The provision of Personal Data contained in the application is voluntary, but it is a condition for the initiation of administrative proceedings on the granting of material assistance.
- 7. In order to ensure an appropriate level of security of Personal Data, including in particular its integrity and confidentiality, the University shall apply appropriate organizational and technical measures.
- 8. The University does not transfer data to third countries.
- 9. Your Personal Data will be stored for a period of 50 years or for such shorter period that is necessary for the purposes specified.
- 10. You have the right of access to the content of your data and the right to rectify, erase, and restrict processing thereof, as well as the right to data transfer, the right to object, the right to withdraw consent at any time without affecting the lawfulness of the processing carried out on the basis of consent before its withdrawal;
- 11. You have the right to lodge a complaint with a supervisory authority if you decide that the processing of personal data concerning you violates the provisions of the General Data Protection Regulation of 27 April 2016; The authority supervising the observance of data protection regulations in the Republic of Poland is the President of the Office for Personal Data Protection, whose contact details can be found at: https://uodo.gov.pl/pl/p/kontakt.

I consent to the processing of personal data necessary to determine the right to material benefits as referred to in the IULT material assistance regulations; and I declare that I have permission to provide personal data of third parties, in particular the data regarding their material situation; and that I have familiarized myself with the above information and made the content of this information available to the persons whose data I have included in the application.

Date and signature