

Date of application.....

Signature of the Dean's Office employee.....

APPLICATION  
FOR A SPECIAL SCHOLARSHIP FOR PERSONS WITH DISABILITIES

**Part A – to be completed by the student****I. Details of the applicant for a scholarship**

Name and Surname				
PESEL/Passport		Student record book no.		
Department of studies		Field of study		
Mode of study Stationary/non-stationary*	Level and type of studies First-cycle bachelor studies First-cycle engineering studies Second-cycle studies	Year of Studies	Semester	E-mail
Place of permanent residence				Phone
Student's mailing address				Phone
Address of permanent residence of the family on which the student is financially dependent				Phone

\* delete as appropriate

Nationality: Polish / other.....

I declare that I possess:

## 1. Low degree of disability:\*

1) disability of a low degree within the meaning of the regulations on vocational and social rehabilitation and employment of persons with disabilities, \*

2) partial inability to work and desirability of retraining, adjudicated pursuant to the provisions on pensions from the Social Insurance Fund, if this is not regarded as a moderate degree of disability, \*

3) permanent or long-term inability to work in an agricultural holding assessed on the basis of the provisions on social insurance of farmers, if this is not regarded as a high degree of disability, \*

4) a certification of belonging to disability group III\*.

2. Moderate degree of disability:\*

1) moderate-degree disability within the meaning of the regulations on vocational and social rehabilitation and the employment of persons with disabilities, \*

2) complete inability to work adjudicated in compliance with the provisions on pensions from the Social Insurance Fund, \*

3) a certification of belonging to disability group II,\*

3. High degree of disability:\*

1) High-degree disability within the meaning of the provisions on professional and social rehabilitation and employment of persons with disabilities,\*

2) total inability to work and to lead an independent life, adjudicated pursuant to the provisions on pensions from the Social Insurance Fund,\*

3) permanent or long-lasting inability to work on an agricultural holding and to lead an independent life, adjudicated pursuant to the provisions on farmers' insurance,\*

4) a certification of belonging to disability group I. \*

*Justification of the request*

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I attach the following documents to my application to prove the degree of disability:

1. ....

2. ....

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Student's signature

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**Part B – filled by the University**

AMOUNT OF SPECIAL SCHOLARSHIP AWARDED.....zł

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Date and signature of the chairman of the scholarship committee



## STATEMENT

Being aware of the criminal liability for false statements under Article 233 § 1 of the Penal Code (Journal of Laws of 1997, No. 88, item 553, as amended) and the disciplinary liability for providing false data, I thereby **d e c l a r e** that the above information concerning the fulfilment of the conditions necessary to obtain material assistance is complete and correct.

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Date and student's signature

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Pursuant to Art. 23 para. 1 pt. 1 of the Personal Data Protection Act (Journal of Laws of 1997, No. 133, item 883), I agree to the collection and processing of my personal data for the purposes of the scholarship purposes. I have been informed of my right to inspect and update my data.

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Date and student's signature

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Surname.....  
Name(s) .....  
Student index number.....  
Studies: Stationary/non-stationary Bachelor / Engineer / Master .....Semester.....  
Personal Identification Number (PESEL) .....  
E-mail.....  
Nationality: .....

## STATEMENT

1. I declare that I have familiarised myself with the Regulations of material assistance for the students of the IULT in Wrocław.
2. In the academic year ..... I did not apply for the social scholarship, special scholarship for persons with disabilities, financial aid and the Rector's scholarship for the best students and the minister's scholarship for outstanding achievements in more than one field of study.

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Date

.....

Student's signature

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:

.....  
.

5. I have graduated from the first-cycle studies

- NO  
 YES

6. I have already finished my second-cycle or uniform master's studies

- NO  
 YES

**7. I already have a master's degree or an equivalent degree**

- NO  
 YES

**8. I applied for a social scholarship, scholarship for persons with disabilities, financial support, Rector's scholarship at another university or another field of study:**

- NO  
 YES

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Please, provide the name of the university or field of study

9. 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 Wrocław* - 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, *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 organisational 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 familiarised 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