

**APPLICATION FOR A FINANCIAL AID FOR THE ACADEMIC YEAR ...../.....**

<b>Name and surname:</b>	
<b>Doctoral student ID:</b>	
<b>Discipline:</b>	
<b>Year and semester of education:</b>	
<b>Contact phone no.:</b>	
<b>E-mail address in PUT domain:</b>	
<b>Permanent residence address:</b>	
<b>Correspondence address, if different than the one provided above:</b>	

I am applying for financial aid in the amount of - ..... PLN due to:

- sudden illness of the doctoral student or a member of the immediate family
- death of an immediate family member
- being a victim of a crime
- natural disaster
- a construction disaster
- hostilities
- fire
- accident
- serious material damage
- other (describe below)

<b>Description:</b>

Aware of criminal, civil, and disciplinary liability for providing false information, I hereby declare that:

- my household consists of .... persons (including the doctoral student),

- the monthly gross income per household member, calculated for the month preceding the submission of this application, amounted to \_\_\_\_\_ PLN.

<b>Justification of the application (please describe the reasons/cause of your temporary difficult life situation):</b>

**The following documents are enclosed with the application (e.g., medical certificate, death certificate, police report, photographic documentation, bills, invoices, etc.):**

- 1.
- 2.

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

**Please transfer the granted financial aid to the bank account provided in the University's database.**

\_\_\_\_\_  
Date and signature of the doctoral student

I declare that I have read the Regulations on the Awarding of Financial Aid to Doctoral students at Poznan University of Technology (Ordinance No. 9 of the Rector of Poznan University of Technology of April 7, 2026).

\_\_\_\_\_  
Date and signature of the doctoral student

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

I acknowledge that information regarding the application, including any request to supplement the documentation, will be provided via the University's system.

I consent to the delivery of documents via the University's system in the proceedings initiated by this application. As my electronic address, I indicate the email address provided in the application for financial aid.

\_\_\_\_\_  
Date and signature of the doctoral student