*Attachment no. 7 to the Rules*

 Wrocław, ………………………………………….

**APPLICATION TO THE RECTOR / SCHOLARSHIP COMMITTEE FOR A ONE-OFF ALLOWANCE IN THE ACADEMIC YEAR**

 **20……… / 20……….**

winter semester / summer semester\*)

1. in addition, please attach ***Attachment no. 16*** - *Statement of a (PhD) student/family member about having familiarized himself/herself with the personal data processing information clause (*in the case of family members who as at the (PhD) student’s application submission date are aged below 16, the statements are signed on their behalf by a parent or legal guardian)

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| **DETAILS OF THE (PHD)\* STUDENT\* APPLYING FOR THE BENEFIT:** |
| First name and surname | PESEL: | Register no.: | year of study: |
| Faculty / Discipline: | Field of study/discipline: |
| Type of study:  | first-cycle* 3 - year
* 4 - year
 | second-cycle* 1.5 - year
* 2 - year
* 2.5 - year
 | * long-cycle
 | * third-cycle (PhD)
 | Format of study: * full-time programme
* part-time programme
 |
| Permanent address: | Correspondence address: | Citizenship  |
| telephone: |
| e-mail address:  |

\*) *tick as appropriate*

Please transfer the benefit to my bank account

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**I apply for the allowance due the temporarily difficult life situation.**

*Please describe in detail and justify the existence of events that impaired the life situation.*

Applicant’s justification:

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Please find attached the following documents confirming my temporarily difficult life situation.

1. ……………………………………………………………………………………………………………
2. ……………………………………………………………………………………………………………
3. ……………………………………………………………………………………………………………

**Statement of the (PhD) student filing the application**

# I am aware that the scholarship fund benefits for (PhD) students may be collected only in one higher-education institution and only within one field of study (in accordance with article 93 section 1 of the *Law on Higher Education and Science*);

# I have familiarized myself with the content of the *Rules of Students and Doctoral Students’ Benefits at the E. Geppert Academy of Art and Design in Wrocław*

# if I receive the benefit in violation of the content of the said Rules or of the *Law on Higher Education and Science*, I undertake to return the unduly collected scholarship amounts;

# I undertake to notify without delay the authority granting the benefit about the completion of any field of study from the application filing date to the end of the benefit collection period (in accordance with article 94 of the *Law on Higher Education and Science);*

# I am not a candidate for a professional soldier and I am not a professional soldier who has taken up studies based on a referral given by an appropriate military authority and who received aid in connection with entering education based on regulations governing the military service of professional soldiers;

# I am not an officer of state authorities within the candidate soldier service or an officer of state authorities who has taken up studies based on a referral or consent given by an appropriate superior and who received aid in connection with entering education based on regulations governing this service.

# following secondary / higher-education school, I continued higher / doctoral education (including in another higher-education institution and abroad):

* NO
* YES (*if the answer is positive, fill in the table below*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Study: | Higher institution's name | Field of study: | Dates of study from - to | Year of completion |
| first-cycle |  |  |  |  |
| second-cycle |  |  |  |  |
| long-cycle |  |  |  |  |
| doctoral  |  |  |  |  |

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| **To-date period of higher-education (number of years) …………………………………………….…............** *Benefits can be granted during the first-cycle study, second-cycle study, long-cycle study, and third-cycle (PhD) study, however no longer than for a period of 6 years.* ***If the study is interrupted and then resumed, the duration of the said period continues to run and is not re-started.*** |

Application for an allowance in the academic year 20……..… / 20….…… is submitted for the aforesaid reasons only

within the field of study ………………………………….………………............................................................................

at the Faculty …………………………………………………………………………………………………………

* **In addition, I consent to:**

- a change in the decision if I lose or gain the right to the benefit.

I hereby consent to deducting any amounts unduly paid to me from my receivables due from the Academy.

If the Academy transfers to my bank account any undue benefits and there are not any receivables due to me therefrom, I undertake to return the entire amount within a period not longer than 14 days from being informed about the amounts unduly received.

 ……………………………………………………..…………………………………..

 Date, (PhD) student’s legible signature

**Information clause**

In accordance with article 13 of 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, repealing Directive 95/46/EC (OJ L 119 of 4 May 2016), you are hereby informed that:

1. The administrator of your personal data is the Eugeniusz Geppert Academy of Art and Design in Wrocław, Plac Polski 3/4; 50-156 Wrocław, Poland. The data administrator has appointed a personal data protection officer to supervise the correctness of data processing, whom you can contact at: iodo@asp.wroc.pl
2. Your personal data will be processed based on the consent expressed under article 6 section 1 letter a of the aforesaid Regulation, in order to perform the process of granting benefits from the state budget to (PhD) students of the E. Geppert Academy of Fine Arts in Wrocław based on the Law on Higher Education and Science of 20 July 2018 (Journal of Laws of 2018 item 1668).
3. The data is provided voluntarily; however, it is indispensable for the benefit granting procedure. The consequence of a failure to provide personal data is the inability to grant a benefit financed by the state budget.
4. Your personal data will be retained on file in the Academy’s archive in accordance with the applicable law.
5. The recipients of your data will be the Rector, members of the Scholarship Committee and the Appeal Committee, and the Academy’s employees participating in administration activities connected with the benefit granting procedure.
6. You have the right to access, rectify or erase your data, to restrict or to object to its processing, the right to data portability, as well as the right to lodge a complaint with the supervisory authority (Inspector General for the Protection of Personal Data, ul. Stawki 2, 00-193 Warszawa), where it is justified that your personal data is processed by the Data Administrator in violation of the aforesaid Regulation.
7. Your personal data may be transferred to entities authorised under the law.

I represent that I have familiarized myself with the content of the aforesaid information clause

 ……………………………………………………..…………………………………..

 Date, (PhD) student’s legible signature

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| ***PART II*  Additional official annotations** |

* The application accompanied by full set of schedules has been submitted on .......................................................................................................................................
* The application is incomplete, as a result of which the applicant has been informed verbally (by telephone) / in writing ⃰about the need to supplement the following missing documents:

1) ..............................................................................................................................................

2)..............................................................................................................................................

3) ..............................................................................................................................................

* The application was supplemented with the missing documents on …………………………………………
* The application was not supplemented by …………..…………………, as a result of which the Scholarship Committee at its meeting of ………………………... requested the (PhD) student to supplement the missing documents within a period not to be shorter than 7 from the request receipt date, otherwise the application would be left unexamined under article 64 § 2 of the Code of Civil Procedure.

.....................................................................................................................................................

 date and signature of an eligible application recipient

\*⃰delete as appropriate

I have familiarized myself with the aforesaid omissions in the documentation.

Date ......................................................... Applicant’s legible signature .......................................................

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| **DECISION OF THE SCHOLARSHIP COMMITTEE**(arrangements made to draw up an administrative decision issued to the (PhD) student) |
| * **GRANTED:**

allowance of PLN ……………….………….……….…. in winter semester / summer semester | * allowance **NOT GRANTED** due to:
 |
| Date and signatures of Scholarship Committee members: |

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| ***IF AN APPEAL IS FILED***DECISION OF THE SCHOLARSHIP APPEAL COMMITTEE |
| * **GRANTED:**

allowance of PLN ………………………………………….in winter semester / summer semester | * **SCHOLARSHIP COMMITTEE’S DECISION UPHELD**
 |
| Date and signatures of Scholarship Appeal Committee members: |