Appendix 8 to the Regulations

Białystok, date …………………….

**Social Affairs Committee**

**of the Medical University of Białystok**

**Application for non-repayable allowance /income and hardship assistance/**

1. Name and surname ………………………………………………………………………………………
2. Place of work at the MUB ………………………………………………………………………………………
3. Work phone number…………………………………………………………………
4. The amount of the applicant's income …………………………………………..…

and a certification of the amount of any other income……………………………..

1. The amount of income of the spouse or other person running the joint household /certification from workplace/ …………………………
2. Children dependent on the applicant:

- name ………….. …………….date of birth ....…………………………....

- name …………... …………... date of birth ....…………………………....

- name ………….. ……………. date of birth ....…………………………....

- name ………….. ……………. date of birth ....…………………………....

/certification from secondary school/

1. The amount of income per one family member ………………………………
2. Applicant's address and phone number ………………………………………………………………………………………….

…………………………………………………………………………………………..

1. Justification \*

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

\* in case of hardship assistance the impact of a given event on the deterioration of the applicant's financial situation should be demonstrated

1. The last time I received the allowance………………………………………………..
2. I have submitted the above statement in accordance with the actual situation

……………………………………………

*Applicant’s signature*

The opinion of the Committee

………………………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………….

Committee members’ signatures