Attachment no 2 to Order no 30/2019
 of 17 December 2019

**AN APPLICATION**

**FOR GRANTING MATERIAL SUPPORT FOR A DOCTORAL STUDENT**

**OF THE INTERNATIONAL DOCTORAL SCHOOL**

**FINANCED FROM THE STATE BUDGET**

**Name and surname of the doctoral student………………………………………………………….**

**Department**

 **Date of commencement of doctoral school………………… year of the** **school** ………………

**Phone no**

**email:**

 **I request for material support in the form\***

 social scholarship

 scholarship for disabled persons

 Director’s scholarship

 allowance

**Justification of the application:**

**As proof of the facts described I submit:**

**My family consists of…………….. persons\*\***

**The average net monthly income per person in my family is PLN .....................**

***Aware of the responsibility for providing false data, including disciplinary liability and the obligation to return unlawfully taken material support, hereby I declare that all data contained in the application and attached documents regarding the types and amount of income of my family are complete and consistent with the facts.***

***I declare that I have read the regulations regarding granting financial support for doctoral students financed from the state budget at the Institute of Human Genetics PAS.***

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

(legible signature of a doctoral student)

\* tick as appropriate

\*\* complete if you apply for an allowance or a social scholarship