

**Scholarship application form
for first year students of courses in priority research fields**

First name

Last name

Year of high school diploma (matura)

Year of Bachelor's degree diploma

Department

Field of study

Register No.

Address of residence

Phone number

E-mail address

Statement by the applicant:

I hereby declare that I am familiar with the terms and conditions of the scholarship for first year students of courses in priority research fields and the rules of its implementation.

_____, Toruń
Date and place

.....
Signature of the applicant

Attachments:

1. A scan of the applicant's high school diploma (matura diploma) certified to be a true copy of the original
2. A copy of the applicant's B.A. diploma (if applicable)