# Needs-based special aid application no. ………………………………..

I wish to apply for needs-based special aid for the ………………….. academic year starting from the month of .

*(month)* Students meeting the requirements of applying for special aid (see point 2.1) may apply for needs-based special aid.

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| --- |
| Personal details |
| Name: | Last name: |
| Personal identification code: | Study group: |
| Bank account number: |  |  |  |
| Name of account holder: |  |  |  |
| Circumstances aggravating financial situation*tick the appropriate box(es) and add the necessary document(s) to the application* |
| I am and/or a member (members) of my family is (are) unemployed |  |
| I have or a member (members) of my family has (have) been assigned permanent incapacity for work (80-100%) |  |
| I come from a single-parent family and the other parent living separately is not financially supportive |  |
| Additional comments |
|  |
|  I hereby confirm the accuracy of the submitted data. I undertake to immediately notify of any changes to my personal details. |
| Date |  | Signature |  |