

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

First and 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.

Date and place: ....., Toruń

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)