

Date of application (stamp and signature of University's employee)

APPLICATION FOR THE RECTOR'S SCHOLARSHIP
in academic year..... /

Name and surname:			
Place of permanent residence - (zip code, city, voivodship, county, street, building number, apartment number).			
Correspondence address - (zip code, city, voivodship, county, street, building number, apartment number).			
Telephone number:		E-mail address in SUM domain:	
Faculty: <input type="checkbox"/> Faculty of Medical Sciences in Zabrze* <input type="checkbox"/> Faculty of Health Sciences in Bytom* <input type="checkbox"/> Faculty of Medical Sciences in Katowice* <input type="checkbox"/> Faculty of Health Sciences in Katowice* <input type="checkbox"/> Faculty of Pharmaceutical Sciences in Sosnowiec*			
*select appropriate			
Field of study:			
Type of studies: <input type="checkbox"/> full-time <input type="checkbox"/> extramural		Student ID number	Year of study
<input type="checkbox"/> - unified master;s degree			
<input type="checkbox"/> - first cycle degree			
<input type="checkbox"/> - second cycle degree			

Average grade and type of scientific, sports and artistic achievements
Attention! The student does not fill in the fields "Number of points" and "Average grade"

Average Grade		
Average grade from previous academic year		Number of points
..... date, signature and stamp of the Dean's office employee	

Scientific achievements confirmed by the Supervisor of the Scientific Society

<i>Publications in journals with Impact Factor</i>						
	Title of publication	Source	Year	Month	Volume, page number	Number of point
1.						
2.						
3.						
4.						
5.						

<i>Publications in Polish and foreign scientific journals</i>						
	Title of publication	Source	Year	Month	Volume, page number	Number of points
1.						
2.						
3.						

4.							
5.							
Participation in conferences							
	Name of conference	By STN	other	Date and place	Title of lecture or presentation	Type of reward	Number of points
1.		<input type="checkbox"/>	<input type="checkbox"/>				
2.		<input type="checkbox"/>	<input type="checkbox"/>				
3.		<input type="checkbox"/>	<input type="checkbox"/>				
4.		<input type="checkbox"/>	<input type="checkbox"/>				
5.		<input type="checkbox"/>	<input type="checkbox"/>				
Total number of points:							
Confirmation of the Supervisor of the Science Club / Supervisors of the Science Clubs			 Date,, signature and stamp			

Sports achievements confirmed by the President of the AZS Club				
Lp.	Name of sports competition	Date and place	Number of place taken in competition	Number of points
1.				
2.				
3.				
4.				
5.				
Total number of points:				
Confirmation of the President of the AZS Club		 Date, signature and stamp	

Artistic achievements confirmed by the Head of the Didactic Center				
	Name of contest	Date and place	Type of award	Number of points
1.				
2.				
3.				
4.				
5.				
Total number of points:				
Confirmation of individual achievements			Confirmation of group achievements	
..... date, signature and stamp of the Dean's Office employee / employee of the Recruitment and Benefits Section		 date, signature and stamp of the Dean's Office employee / employee of the Recruitment and Benefits Section	

Other achievements				
Lp.	Name of contest	Date and place	Place taken in competition	Number of points
1.	Scientific contest Scapula Aurea			
2.	Scientific contest Superhelisa			
3.	Scientific contest Wielka Synapsa			
4.	Intercollegiate competition in medical simulation			
5.	Medical Universities' competitions in emergency medical services			
6.	Championship in emergency medical services (international, national, Silesian)			
Total number of points:				
Confirmation of Head of Faculty	 Date, signature and stamp		

Student statement:

Being aware of criminal liability under Art. 233 of the Penal Code, civil and disciplinary for providing false data, I declare that:

- all information and attached documents provided by me in the application are true,
- I have read the rules of granting benefits for students at the Medical University of Silesia in Katowice, I undertake to return unduly received benefits.
- In accordance with the Act of May 10, 2018 on the protection of personal data, I consent to the collection and processing of my personal data contained in the application.

(date and signature of student)

I attach to the application the following documents confirming scientific, sports or artistic achievements:

Lp.	Documents confirming scientific, sports or artistic achievements:	To be filled by University's employee	
		Submitted	Not submitted
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>

To be completed by the University Scholarship Committee / an authorized employee of the University

Type of achievements	Number of points
Average grade	
Scientific achievements	
Sports achievements	
Artistic achievements	
Other achievements	
Total number of points	

Katowice, date.....

.....
Date, signature and stamp

