**Statement of the applicant's**

**additional scholarship details**

**For all types of GRANT APPLICATIONS**

Undersigned.................................................................. I am aware of my criminal liability, and I declare that in the 2025/2026 academic year, I will receive the additional scholarships listed below:

|  |  |  |
| --- | --- | --- |
|  | Title of the grant application | Application period |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Date: ...................................... (day)......................(month)......... (year)

 Name of the applicant Applicant's signature