**Application for Non-Repayable Financial Aid**

First and last name:

Date of birth:

Workplace:

Requested amount of financial aid:  CZK

Reason for the request:      

**Affidavit:**

I hereby declare that in the year of       I did not draw any non-repayable financial aid and I do not claim any non-repayable financial aid at another component part of Charles University.

I declare that I agree that the employer collects my personal data for the purpose of granting and providing non-repayable financial aid, treats or otherwise processes such data for the same purposes in accordance with Act no. 101/2000 Coll., on the protection of personal data and amendment of certain acts, as amended, and Regulation of the European Parliament and Council of the European Union 2016/679, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and on the repeal of Directive 95/46/EC, known as GDPR (general regulation).

Date:       Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
**Statement by the personnel office:**  complies  does not comply

Date of commencement of employment at FSV: \_\_\_\_\_\_\_\_\_\_\_\_

Workload coefficient: \_\_\_\_\_\_\_\_\_\_

Amount of contribution: \_\_\_\_\_\_\_\_\_\_\_\_CZK

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account office (the head of the Account Office):**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement by the Secretary of the faculty:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement by the Dean of the faculty:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_