

Application Letter SIDiW Scholarship Programme Academic Year 2025/2026

The undersigned

(last name)

(first name)

(date of birth)

at _____ (_____
(city) (province)

(For foreign citizens, also specify the country of birth)

Institute/ Department: _____

(Home University)

DECLARE

To meet one or more of the following eligibility criteria listed below:

- *Student with certified Disabilities* (*Requested Documents to attach: certified medical documentation or national disability status);
- *IDP* (*certificate);
- *Student with Low Socio-Economic Family Condition* (*Requested Documents to attach: tax statement, an income certificate, or an official social benefit statement);
- *Student affected by the consequences of the war in Ukraine* (e.g., living or studying in war-affected regions, loss of housing, forced relocation, disruption of studies, or other war-related hardship)

The undersigned, for the purposes of this declaration, attach a copy of a valid identification document.

(Date and place)

(Signature)

**Request Documents (maximum 20 MB per file, allowed pdf, jpeg, png, docs). The supporting documentation for each claimed eligibility criteria must be issued by a responsible authority or accredited expert.*