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| --- |
| Data wpływu wniosku do Ośrodka Pomocy Społecznej |
|  |

WNIOSEK

o przyznanie pomocy materialnej o charakterze socjalnym   
– stypendium szkolne na rok 2021/2022

Wniosek należy wypełnić czytelnie, dużymi, drukowanymi literami.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **I. DANE WNIOSKODAWCY (np. rodzice, pełnoletni uczeń, instytucja)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwisko | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imiona | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adres zamieszkania | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kod pocztowy | | | | | | | | | | | |  | | | |  | | | | | **\_** | | | |  | | |  | | | |  | | | | | | Miejscowość | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Województwo | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Telefon kontaktowy | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **II. DANE UCZNIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwisko ucznia/ słuchacza | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imiona ucznia/słuchacza | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PESEL ucznia/słuchacza | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |
| Data urodzenia ucznia | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwisko i imię ojca/Nr dowodu | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Nazwisko i imię matki/ Nr dowodu | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **III. ADRES ZAMIESZKANIA UCZNIA/SŁUCHACZA (ulica, nr domu, nr mieszkania)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość /nr domu | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kod pocztowy | | | | | | | | | | | | |  | | | | |  | | | | | \_ | | | |  | | |  | | | |  | | | | | Poczta | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IV. INFORMACJA O SZKOLE, do której uczeń uczęszcza w roku szkolnym 2021/2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwa szkoły | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Typ szkoły | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Klasa | | | | | | | |  | | | | | | | | | |
| Adres szkoły | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kod pocztowy | | | | | | |  | |  | | \_ | | | |  | | | |  |  | | | | Poczta | | | | | | | | | |  | | | | | | | | | | | | | | | | | Nr telefonu | | | | | | | |  | | | | | | | | | |
| **V. UCZEŃ SPEŁNIA NASTĘPUJĄCE KRYTERIA:** (należy zaznaczyć spełniane kryteria stawiając znak X): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | | wysokość dochodu na osobę w rodzinie ucznia, z miesiąca poprzedzającego złożenie wniosku,  nie przekracza kwoty, o której mowa w art. 8 ust. 1 pkt. 2 ustawy z dnia 12 marca 2004 roku o pomocy społecznej tj. kwoty **528 zł** netto miesięcznie na jednego członka rodziny; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VI. W RODZINIE UCZNIA WYSTĘPUJE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | | | **bezrobocie** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | | | **niepełnosprawność** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | | | **ciężka lub długotrwała choroba** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | | | **wielodzietność** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | | | **brak umiejętności wypełniania funkcji opiekuńczo-wychowawczych** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | | | **alkoholizm** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | | | **narkomania** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | | | **uczeń pochodzi z rodziny niepełnej** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | | | **wystąpiło wydarzenie losowe** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VII. DOCHÓD RODZINY STANOWIĄ: (DO WNIOSKU DOŁĄCZYĆ ZAŚWIADCZENIE/A LUB OŚWIADCZENIE/A O WYSOKOŚCI I ŹRÓDLE UZYSKIWANYCHDOCHODÓW)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wynagrodzenie za pracę | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Zasiłek dla bezrobotnych | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Świadczenia rodzinne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Świadczenie z pomocy społecznej, nie wliczając jednorazowego,  pieniężnego świadczenia socjalnego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Dodatek mieszkaniowy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Świadczenia alimentacyjne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Działalność gospodarcza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Emerytury, renty inwalidzkie i rodzinne, świadczenia przedemerytalne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Inne dochody | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Czy uczeń otrzymuje inne stypendium o charakterze socjalnym ze środków publicznych? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □ Tak | | | | | | □ Nie | | | |
| Jeśli uczeń otrzymuje inne stypendium o charakterze socjalnym ze środków publicznych, należy wskazać jego wysokość. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | …………… zł | | | | | | | | | |
| **VIII. GRUNTY ROLNE** (ha przeliczeniowe – dochód z 1 ha przeliczeniowego wynosi 308 zł) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Czy członkowie rodziny posiadają grunty rolne? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □ Tak | | | | | | □ Nie | | | |
| Wpisać posiadaną liczbę hektarów przeliczeniowych: …………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Łącznie miesięczny dochód netto całego gospodarstwa domowego: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **IX. UZASADNIENIE PRZYZNANIA ŚWIADCZENIA POMOCY MATERIALNEJ (wyjaśnienie dotyczące trudnej sytuacji materialnej w rodzinie / wypadku losowego)** | | | | | | | | ………………………………………………………………………………………………………..  ………………………………………………………………………………………………………..  ………………………………………………………………………………………………………. | | | | | | | | **Oświadczam, że moja rodzina składa się z następującej liczby osób:** | | | | | |  | | **X. INFORMACJA O RODZINIE (wszystkie osoby wspólnie gospodarujące)** | | | | | | | | Oświadczam, że moja rodzina składa się z niżej wymienionych osób: | | | | | | | | **Lp.** | **Imię i nazwisko** | **Data**  **urodzenia** | **PESEL** | **Stopień**  **pokrewieństwa do ucznia** | **Miejsce pracy/ nauki/ Informacja o otrzymaniu renty/emerytury Informacja o statusie bezrobotnego Inne** | | | 1. |  |  |  |  |  | | | 2. |  |  |  |  |  | | | 3. |  |  |  |  |  | | | 4. |  |  |  |  |  | | | 5. |  |  |  |  |  | | | 6. |  |  |  |  |  | | | 7. |  |  |  |  |  | | | 8. |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **XI. PROSZĘ O PRZYZNANIE STYPENDIUM SZKOLNEGO W FORMIE:** (należy zaznaczyć właściwą kratkę i wpisać do 1 punktu rodzaj zajęć, do 2 punktu wpisać rodzaj i wysokość kosztów,  do 3 punktu rodzaj pomocy rzeczowej np.: art. szkolne, biurko, encyklopedie, słowniki, strój gimnastyczny, obuwie sportowe, plecak szkolny, itp.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | całkowitego lub częściowego pokrycia kosztów udziału w zajęciach edukacyjnych, w tym wyrównawczych, wykraczających poza zajęcia realizowane w szkole w ramach planu nauczania, a także udziału  w zajęciach edukacyjnych realizowanych poza szkołą:  ………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | całkowitego lub częściowego pokrycia kosztów związanych z pobieraniem nauki poza miejscem zamieszkania, w przypadku uczniów szkół ponadgimnazjalnych i publicznych kolegiów nauczycielskich, nauczycielskich kolegów języków obcych i kolegiów pracowników służb społecznych:  ………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | pomoc rzeczowa o charakterze edukacyjnym, w tym w szczególności zakup podręczników oraz:  ………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Przyznane stypendium szkolne proszę przekazać  (należy zaznaczyć właściwą kratkę)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ na rachunek bankowy wnioskodawcy (należy wpisać numer rachunku) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  |  | |  | |  | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | |  | | | |  |  | |  | | | |  | |  | |  | | | |  |  | |  | | |  |  |
| ~~□ gotówkowo (do odbioru w kasie Ośrodka Pomocy Społecznej w Nakle Śląskim)~~ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **XII. OŚWIADCZENIE WNIOSKODAWCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Jestem świadomy odpowiedzialności karnej za składanie fałszywych oświadczeń;* - zapoznałem się z warunkami uprawniającymi do przyznania stypendium szkolnego; - niezwłocznie powiadomię OPS Świerklaniec o ustaniu przyczyn, które stanowiły podstawę przyznania stypendium szkolnego; *Wyrażam zgodę na przetwarzanie danych osobowych zawartych we wniosku przez OPS Świerklaniec  dla potrzeb postępowania administracyjnego dot. przyznania stypendium, zgodnie  z ustawą z dnia 29 sierpnia 1997 r. o ochronie danych osobowych (tekst jednolity: Dz. U. z 2002 r. Nr 101, poz. 926 z późn. zm.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **………………………………………………………..**  **miejscowość, data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **……………………………………………………………….. podpis wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WYPEŁNIA Ośrodek Pomocy Społecznej** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ogółem dochód (netto) rodziny wyniósł:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **……………………………………………..** | | | | | | | | | | | | | | | | | | | | | | | |
| **Liczba osób w rodzinie:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **……………………………………………..** | | | | | | | | | | | | | | | | | | | | | | | |
| **Dochód rodziny w przeliczeniu na 1 osobę wyniósł:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **……………………………………………..** | | | | | | | | | | | | | | | | | | | | | | | |
| **……………………………………………..** (Podpis przeliczającego dochody) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |