Słupsk, dnia ………………………………..

Nazwisko i imię rodzica/opiekuna………………………………………..

Adres zamieszkania ……………………………………………………………

Imię i nazwisko dziecka ……………………………………………………..

**P O D A N I E**

Proszę o przekazanie stypendium naukowego/sportowego na konto:

1. Nazwa banku …………………………………………………………………………………………………………………..

2. Numer rachunku:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Podpis wnioskodawcy: ………………………………………………………………………………..