**APPLICATION FOR ADDITIONAL FUNDING FOR STUDENTS WITH FEWER OPPORTUNITIES**

**FOR THE 2023/2024 STUDY YEAR**

|  |  |
| --- | --- |
| **SURNAME AND NAME OF THE STUDENT:** |  |
| **SENDING INSTITUTION:** |  |

**We declare that the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ meets the conditions of one of the eight groups of students with fewer opportunities (circle the appropriate one)**

1. **Disabilities**
2. **Health problems**
3. **Cultural differences**
4. **Barriers linked to discrimination**
5. **Economic barriers**
6. **Social barriers**
7. **Barriers linked to education and training systems**
8. **Geographical barriers**

**Justification:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We are aware that the University of Maribor can require additional documents of eligibility for additional funds for students with fewer opportunities.**

**Name and surname of the responsible person:**

**Function of the responsible person:**

**e-mail:**

**Signature: Stamp: Date:**