

**APPLICATION FOR ADDITIONAL FUNDING FOR**  
**STUDENTS WITH FEWER OPPORTUNITIES**  
**FOR THE 2024/2025 STUDY YEAR**

<b>SURNAME AND NAME OF THE STUDENT:</b>	
<b>SENDING INSTITUTION:</b>	

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:

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**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: