**附件： 皖南医学院关工委资助贫困学生申请审批表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本**  **情况** | 姓 名 | | |  | | | | | | | | 性 别 | | | | |  | | | | | | | | | |
| 出生年月 | | |  | | | | | | | | 入学时间 | | | | |  | | | | | | | | | |
| 政治面貌 | | |  | | | | | | | | 民 族 | | | | |  | | | | | | | | | |
| 专 业 | | |  | | | | | | | | 学 制 | | | | |  | | | | | | | | | |
| 身份证号 码 |  |  | |  |  |  |  | |  |  | |  | |  |  | |  | |  |  |  |  | |  |  |
| **家庭**  **经济**  **情况** | 家庭户口 | | | A、城镇 B、农村 | | | | | | | | | | | | | | | 家庭人口总数 | | | | |  | | |
| 家庭月总收入 | | |  | | | | | 人均月收入 | | | | |  | | | | | 收入来源 | | | | |  | | |
| 家庭住址 | | |  | | | | | | | | | | | | | | | 邮政编码 | | | | |  | | |
| **申请**  **理由** | 申请人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学院关工委**  **推荐**  **意见** | 同意该同学获得资助1000元。在本学院内公示三个工作日，无异议。  辅导员签名： 负责人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **校关工委审核意见** | 经审核，现批准该同学获得资助1000元。    负责人签字：  （公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |

**学院： 学号：**