宁夏慈善总会“幸福之光”—励志奖学金申请表

**县（区）：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请人姓名 |  | | 性别 | |  | 年龄 |  | | 出生日期 | | |  | | 照片 |
| 民族 |  | | | | | | | | 联系电话 | | |  | |
| 申请人身份证号 |  | | | | | | | | 录取院校 | | |  | |
| 开户银行 |  | | | | | | | | | 申请人银行卡号 | |  | | |
| 家庭地址 |  | | | | | | | | | | | | | |
| 监护人基本情况 | 姓名 | 年龄 | | 与本人关系 | | | 年收入 | | | | 工作单位 | | 联系电话 | |
|  |  | |  | | |  | | | |  | |  | |
| 家庭基本  情况 |  | | | | | | | | | | | | | |
| 所在地的村（居）委会意见：  签章：  年月日 | | | | | | | | 助养机构意见：  签章：  年月日 | | | | | | |
| 县（区）民政局（慈善会）意见： | | | | | | | | | | | | | | |
| 签章：  年月日 | | | | | | | | | | | | | | |
| 宁夏慈善总会意见：  签章：  年月日 | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **“幸福之光-励志奖学金”发放表** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位： | | |  | | | | | | | | 年 月 日 | | | | | | | | | | | | | | |
| **序号** | **姓名** | **性别** | **年龄** | **出生年月** | | **民族** | | **身份证号** | | | **家庭住址** | | **录取院校** | | **监护人** | | **联系电话** | | **开户行/支行** | | **银行账号** | **发放金额（元）** | **签领人签字** | | **日期** |
|  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  | |  |
|  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  | |  |
|  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  | |  |
|  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  | |  |
|  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  | |  |
|  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  | |  |
|  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  | |  |
|  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  | |  |
|  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  | |  |
|  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  | |  |
|  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  | |  |
| 金额合计： | |  | | | | | | | | | | | | | | | | | | | |  |  | | |
| 填报人： | |  | | |  | |  | |  |  | | 审核人： | |  | |  | |  | 分管领导： |  | |  |  |  | |