**党徽在闪耀 共筑大学梦**

**2023年彩虹助学圆梦“日照爱尔眼科杯”助学申请表**

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| 姓名 | |  | | | 性别 | | | |  | | 身份证号码 | | |  | | | 一寸免冠  照片 | |
| 籍贯 | |  | | | 民族 | | | |  | | 政治面貌 | | | |  | |
| 高中毕业院校 | | | | | |  | | | | | 高考成绩 | | | |  | |
| 家庭详细地址 | | | | | |  | | | | | | | | | | |
| 开户行帐号 | | | | | |  | | | | | | | | | | |
| 联系人（电话） | | | | | |  | | | | | | | | | | |
| 录取院校 | | | | | |  | | | | | | | | | | | | |
| 个人简历 | | | | | | | | | | | | | | | | | | |
| 何年月至何年月 | | | | | | | 在何地何校学习、任职 | | | | | | | | | | | |
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| 家庭主要  成员情况  简介 | | | 姓名 | | | | 称谓 | | | 年龄 | | | 身体状况 | | 联系电话 | | 在何处、任何职 | |
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| 申请理由 |  | | | | | | | | | | | | | | | | | |
| 是否享受低保及政府其它待遇： 是 否 | | | | | | | | | | | | | | | | | |
| 当地村民委会  或民政意见 | | | |  | | | | 爱心单位  审核意见 | | | |  | | | | 志愿者协会  审核意见 | |  |
| **注明：**当年考取一本/二本的农村低保、重疾、失独、烈属、下岗职工家庭学生优先。 | | | | | | | | | | | | | | | | | | |

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