闽江学院新华都商学院学生临时困难补助申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | | |  | | | | | | 性别 | | |  | 民族 | | | |  | 学号 | | | | | |  | | | | | | | 宿舍 | | |  | | |
| 班级 | | | | 级 专业 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 电话 | | |  | | |
| 家庭地址及邮政编码 | | | | | |  | | | | | | | | | | | | | | | | | | | | 家庭电话 | | | | |  | | | | | | |
| 家庭人口情况 | 家庭户口 | | | | | | □城镇 □农村 | | | | | | | | 家庭总人口 | | | | | | | |  | | | | | | | 家庭月收入 | | | | | |  | |
| 姓名 | | | | 年龄 | | | | 称谓 | | | | 在何处工作或学习 | | | 每月收入 | | | | | 姓名 | | | | | | 年龄 | | | | 称谓 | | | 在何处工作或学习 | | | 每月收入 |
|  | | | |  | | | |  | | | |  | | |  | | | | |  | | | | | |  | | | |  | | |  | | |  |
|  | | | |  | | | |  | | | |  | | |  | | | | |  | | | | | |  | | | |  | | |  | | |  |
|  | | | |  | | | |  | | | |  | | |  | | | | |  | | | | | |  | | | |  | | |  | | |  |
| 是否是登记在册的家庭经济困难学生 | | | | | | | | 是（□一般困难 □特别困难） 否 | | | | | | | | | | | | | | 已享受国家助学金标准 | | | | | | | | | | | 250元/月 400元/月 | | | | |
| 已受  资助  情况 | | 国家助学贷款 | | | | | | | | | 无 有（ 元） | | | | | | | | | 校内助学借款 | | | | | | | | | 无 有（ 元） | | | | | | | | |
| 社会资助 | | | | | | | | | 无 有（ 元，资助单位： ） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 临时困难补助 | | | | | | | | | 无 有（ 次，已获得补助共 元） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其它 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请金额 | | | | | |  | | | | | | | | | | | 工行卡号 | | | | | | |  | | | | | | | | | | | | | |
| 申请主要原因 | | | □本人重大疾病 □本人疾病 □家人重大疾病 □受灾  □缺少返乡路费 □缺少生活用品 □其他\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请原因详细说明 | 本人保证上述内容真实无误。 本人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 班组意见 | | | | | | | | | | | | 系（院）资助工作组意见 | | | | | | | | | | | | | | | | 院领导意见 | | | | | | | | | |
| 辅导员签名：  年 月 日 | | | | | | | | | | | | 建议给予补助\_\_\_\_\_\_\_\_元整。  负责人签名：  （盖公章）  年 月 日 | | | | | | | | | | | | | | | | 同意补助\_\_\_\_\_\_\_\_元整。  负责人签名：  （盖公章）  年 月 日 | | | | | | | | | |

注：附申请理由相对应的佐证材料 申请理由栏不够填写可加页。 （2018年制表）