附件1

**暨南大学莉莉医学本科助学金申请（审批）表**

填表时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **本人情况** | 姓名 | |  | | | 性别 | |  | | | | 出生年月 | | | |  | | | | 民族 | | |  | | | | 政治面貌 | | |  | | （贴照片） | | |
| 学号 | |  | | | | 身份证号 | | | | |  | | | | | | | | | | | | | 联系电话 | | | |  | | |
| 单位 | | 学院 系 专业 年级 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学年平均学分绩点 | | | | | |  | | 综合测评 | | | | | |  | | | | | | | 有无重修（补考）科目 | | | | | | | | |  |
| 是否已办理  助学贷款及金额 | | | | |  | | | | | 是否勤工助学及勤工助学岗位名称 | | | | | | | | | |  | | | | | | | | 是否欠交学费或住宿费及金额 | | | | |  |
| 何时曾获何种奖学金及金额 | | | | |  | | | | | | | | | | | 何时曾获何种助学金及金额 | | | | | | | | |  | | | | | | | | |
| **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 | | | | |  | | | | | 家庭人均月收入 | | | |  | | | 收入来源 | |  | |
| 家庭住址、邮编 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 联系电话 | |  | |
| **家庭成员情况** | 姓名 | | | 年龄 | 与本人关系 | | | | | | | | 工作或学习单位 | | | | | | | | | | | | | | | | | | | | | |
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| **申请**  **理由（可另附页）** | 本人保证上述内容真实无误。 学生本人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学院推荐意见** | 负责人签名：  年 月 日 | | | | | | | | | | | | | | **医学部推荐意见** | | | 负责人签名：  （公 章）  年 月 日 | | | | | | | | | | | | | | | | |
| **备注** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |