**（ 2010 — 2011 学年）国家助学金申请审批表**

**学校：杭州师范大学 院系： 护理学院 专业： 护理学 班级：${Class}**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **本**  **人**  **情**  **况** | 姓名 | ${Name} | | | | | 性别 | | | ${Sex} | | | | | | 出生年月 | | | | | ${Birthday} | | | | | |
| 学号 | ${StudentNumber} | | | | | 民族 | | | ${Nation} | | | | | | 入学时间 | | | | | ${PeriodAtSchool} | | | | | |
| 政治面貌 | ${Political} | | | | | | 联系电话 | | | | | | ${PhoneNumber} | | | | | | | | | | | | |
| 身份证号 | ${c1} | ${c2} | ${c3} | | ${c4} | | ${c5} | ${c6} | | ${c7} | | ${c8} | ${c9} | ${c10} | | ${c11} | ${c12} | ${c13} | | | ${c14} | ${c15} | ${c16} | ${c17} | ${c18} |
| **家**  **庭**  **经**  **济**  **情**  **况** | 家庭户口 | A、城镇 B、农村 | | | | | | | | | | | | | | 收入来源 | | | | ${SourceOfIncome} | | | | | | |
| 家庭月总收入 | ${MonthlyIncome} | | | | | | | | | | | | | | 家庭人口  总数 | | | | ${Family} | | | | | | |
| 家庭住址 | ${Address} | | | | | | | | | | | | | | 邮政编码 | | | | ${Postalcode} | | | | | | |
| 认定情况 | A、家庭经济特别困难 B、家庭经济一般困难 | | | | | | | | | | | | | | | | | | | | | | | | |
| **家**  **庭**  **成**  **员**  **情**  **况** | 姓名 | 年龄 | | | 与本人关系 | | | | | | | 工作或学习单位 | | | | | | | | | | | | | | |
| ${Name1} | ${Age1} | | | ${Relation1} | | | | | | | ${Work1} | | | | | | | | | | | | | | |
| ${Name2} | ${Age2} | | | ${Relation2} | | | | | | | ${Work2} | | | | | | | | | | | | | | |
| ${Name3} | ${Age3} | | | ${Relation3} | | | | | | | ${Work3} | | | | | | | | | | | | | | |
| ${Name4} | ${Age4} | | | ${Relation4} | | | | | | | ${Work4} | | | | | | | | | | | | | | |
| ${Name5} | ${Age5} | | | ${Relation5} | | | | | | | ${Work5} | | | | | | | | | | | | | | |
| **申请理由** | ${ApplyReason}  申请人签名（手签）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **院(系)**  **意**  **见** | （院系公章） 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学**  **校**  **意**  **见** | （学校公章） 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |

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