附件1

三角轮胎助力翱翔慈善基金救助申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | | | |  | | | | 民族 | |  | | | 照片 | |
| 身份证号 | |  | | | | | | 学生证号 | | | | |  | | | | |
| 所在学校及专业 | | | |  | | | | | | | 入学时间 | | |  | | | |
| 政治面貌 | | | |  | | | | | | | 联系电话 | | |  | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | |  | |
| 父母或  其他亲  属情况 | | 姓名 | | | | 与本人关系 | | | | | | 工作单位 | | | | | 联系电话 | | |
|  | | | |  | | | | | |  | | | | |  | | |
|  | | | |  | | | | | |  | | | | |  | | |
| 低保证编号 | | |  | | | | 是否低保边缘家庭 | | | | |  | | | | 是否建档立卡家庭 | | |  |
| 家庭情况及  申请救助原因 | | |  | | | | | | | | | | | | | | | | |
| 个人奖惩情况 | | |  | | | | | | | | | | | | | | | | |
| 村（居）委会意见 | | | | | | | | | | 镇（街）意见 | | | | | | | | | |
| 年月日  （盖章） | | | | | | | | | | 年月日  （盖章） | | | | | | | | | |
| 区市民政局（社会事务管理局）  或慈善总会 | | | | | | | | | | 威海市慈善总会意见 | | | | | | | | | |
| 年月日  （盖章） | | | | | | | | | | 年月日  （盖章） | | | | | | | | | |
| 三角轮胎股份有限公司意见 | | | | | | | | | | | | | | | | | | | |
| 年月日  （盖章） | | | | | | | | | | | | | | | | | | | |