附件2

威海市2019年度“慈善·福彩”遇困高考新生救助汇总表

填报单位： 填报时间 年 月 日

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| 序号 | 姓名 | 性别 | 家庭住址 | 低保证编号 | 残疾证编号 | 是否建档立卡贫困家庭 | 联系电话 | 身份证号 | 毕业学校 | 录取学校及专业 | 救助金额 |
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填报人： 审核人： 负责人：