附件1

**常州工程职业技术学院**

**疫情防控期间临时困难补助申请表**

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| 姓名 | | |  | | 性别 |  | | 籍贯 | | |  | | | 出生年月 | |  |
| 二级学院 | | |  | | 班级 |  | | 学号 | | |  | | | 联系电话 | |  |
| 家庭  住址 | | |  | | | | | | | | | | | | | |
| 家 庭 成员情况 | 姓 名 | | | 称谓 | | | 从事职业 | | | 身体状况 | | | 月收入 | | 备 注 | |
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| 申请理由 |  | | | | | | | | | | | | | | | |
| 班主任  意 见 | | 该生确因疫情发生临时生活困难，同意申请临时困补。  签名： 年 月 日 | | | | | | | 二级学院  意 见 | | | 情况属实，同意补助。  学院书记签名： 年 月 日 | | | | |