附件2:**泰州市区高中教育阶段贫困残疾人家庭子女和残疾学生教育专项补贴申请汇总表**

区残联盖章: 填报时间: 年 月 日

|  |  |  |
| --- | --- | --- |
| **序****号** | **受助人基本情况** | **申请补贴（元）** |
| **姓 名** | **性****别** | **出生****年月** | **类 别** | **低 保** | **就读学校（院）** | **学生证号** | **家庭住址** | **联系电话** | **标准** | **市级** | **区级** |
| **本人** | **子女** | **是** | **否** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **合 计（元）** |  |  |  |