**广州大学“何耀光助学金”申请表（研究生用）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 姓名 |  | 性别 |  | | 学号 |  | | 学院 |  | 专业 |  | | |  | | 家庭地址 |  | | | | 邮政编码 |  | | 联系电话 |  | | | 在校是否受过处分 | |  | | 家庭人口 |  | | | 家庭人均月收入 | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 家 庭 主 要 成 员 | 姓名 | 年龄 | 与本人关系 | 职业 | 月收入(元) | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | 申请人申请资助原因（填写要求字迹清晰，情况属实，涂改无效）：  申请人签名：  申请日期：    年    月    日 | | | | | | | 学院审核意见：  单位公章：  领导签名：  年     月    日 | | | | | | | 研究生处（或助学金管理委员会）意见：  签章：  年     月     日 | | | | | | |