鄂尔多斯未来之星奖学金申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | |  | | 出生日期 |  | | 政治  面貌 |  |
| 学校 |  | | 专业 | |  | | | 攻读学位 | | |  |
| 身份 证号 |  | | | | | 学号 | |  | | | | |
| 联系 电话 |  | | | | | E\_mail | |  | | | | |
| 已考查科目成绩 | | | |  | | | | 身体状况 | | |  |
| 获奖情况 | | 时间 | | 奖项名称 | | | | | 颁奖单位 | | |
|  | |  | | | | |  | | |
|  | |  | | | | |  | | |
| 申请  理由 | 申请人签名：  年 月 日 | | | | | | | | | | |