附件：

2024年度“交通银行残疾大学生

励志奖学金”候选人登记表

**姓 名** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**所在高校** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**手机号码** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**电子邮箱** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** | |  | **出生年月** |  | **照片** | |
| **民族** |  | **政治面貌** | |  | **文化程度** |  |
| **籍贯** |  | **残疾类别** | |  | | |
| **残疾人证号** | |  | | | | |
| **身份证号** | |  | | | | |
| **所在高校、院系及专业** | | |  | | | | | |
| **通讯地址及邮编** | | |  | | | | | |
| **本人简历** | | | | | | | | |
| **何时曾获何种荣誉称号或奖励** | | | | | | | | |
| **个人事迹（要求800字以内，内容真实、具体）** | | | | | | | | |
| **所在高校签署意见并盖章**  **年 月 日** | | | | | | | | |
| **省级残联办公室签署意见并盖章**  **年 月 日** | | | | | | | | |