附表2：

铜陵市残疾学生和家庭经济困难残疾人子女学生教育资助花名册

**填报单位： （盖章） 填表人: 联系电话：**

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| **序号** | **申请人姓 名** | **性**  **别** | **家 庭 住 址** | **联系电话** | **健残状况** | **残疾人证号**  **（或身份证号）** | **申请人就读学校、年级** | **资助**  **金额** | **就学类别** | **备注** |
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**单位负责人: 分管领导: 时间: 年 月 日**