**中华慈善总会**

**“新苗遂川莲花困境儿童救助项目”**

**申请表**

**申 报 须 知**

1、新苗遂川莲花困境儿童救助项目由中华慈善总会发起，北京莲心慈善基金会（以下简称：莲心基金会）作为项目的执行机构。本申请表由中华慈善总会制作并负责解释。

2、该项目申请对象为（1）失去单亲或双亲的困境儿童就学（2）监护人健在，但监护人遭受重大事故或疾病的困境儿童就学（3）其他困境儿童。

3、本申请表由申请人/其法定监护人填报（用黑色钢笔或签字笔书写），扫描或拍照后与申请资料一同发送至邮箱[lianxincishan@126.com](mailto:lianxincishan@126.com)，审核通过后执行机构将联系申请人邮寄纸质版资料。

4、本申请表的递交并不代表可以获得资助，申请资料一经递交不予退回。

5、申请人保证所有资料的真实性和完整性，对申报资料中出现的虚假、伪造或隐瞒等行为，一经发现，将不予救助；如已获救助，中华慈善总会和莲心基金会保留依法追索资助款的权利。

6、得到“新苗遂川莲花困境儿童救助项目”资助的孩子，在获得资助金额后，相关款项将直接拨付至申请人/法定监护人账户。

7、获得资助的申请人/法定监护人有责任和义务为配合本项目宣传提供必要的文字、照片、影像等资料，配合采访活动，并同意使用申请人照片、影像等资料。

我确认已经阅读和知悉了以上全部条款，并同意所有申报规定。

（请抄写上面一句话）

申请人签名：

监护人签名：

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| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 受助人基本信息 | | | | | | | | | | | | | 姓名 |  | 性别 | | |  | | | 民族 |  |  | | | 身份证 |  | | | | | | | | | | 电话 |  | | | | | | | | | | 学校名称 |  | | | | | | | | | | 班主任评语 |  | | | | | | | | | | | | 有何特长 |  | | 何年受过何种奖励 | | |  | | | | | | | 家庭情况 | 家庭地址 | |  | | | | | | 邮政编码 | |  | | 贫 困  说 明 |  | | | | | | | | | | | 家庭成员情况 | 姓名 | | 关系 | | | 职业 | | 联系电话 | | 备注 | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | | 家庭主要收入来 源 |  | | | | | | | 家庭存款或负债金额 | |  |   接收善款账户信息  1.户名：  2.开户银行：  3.账号： |
| 我承诺以上所提供信息真实有效，如有虚假，愿自行承担全部责任。  申请人签字： 监护人签字：  日期： |
| 申请人所需提供的材料 |
| 包括但不限于：  1.该申请表（需签字）照片/扫描件  2.个人手写申请书一份  3.学习籍证明（高考结束纸质通知书尚未收到的，可在高招录取网站打印电子版分数和录取信息）  4.学生家庭贫困证明（原建档立卡贫困户、低保户、孤儿等证件复印件或地方政府/所在街道/居委会/村委会出具贫困证明，并加盖公章）  5.受助人身份证或户口簿首页及本人页复印件一份  6.法定监护人身份证、户口簿首页及本人页复印件  7.受助人本人的银行卡复印件，或其法定监护人的银行卡复印件（如受助人与收款人不一致，则需提供亲属关系证明，如结婚证或户口簿复印件）  8.500字走访记录，包括申请者家庭状况，个人成绩，在家、校表现等的描述，随拍申请者照片一张，家庭照片一张，家庭环境照片两张（清晰的图片信息不少于5张））  以上证明材料另附，请与本申请表同时提交。如需留存请自行复印备份。 |