附件6

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| 特长新生奖学金初审名单 | | | | | | | | | |  |  |
| **填表人： 联系方式： 申报部门（签章）： 填报日期：** | | | | | | | | | | | |
| **序号** | **二级学院** | **姓名** | **专业班级** | **学号** | **身份证号码** | **农行卡** | **参评类别** | **获奖等级** | **金额** | **联系方式** | **签名** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |