附件2

2020年低保、低保边缘家庭助学对象汇总表1

镇（乡）慈善会（盖章） 　　　　　　　 　 年 月 日

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| 序号 | 学生姓名 | 性别 | 民族 | 家庭人口 | 家 庭 住 址 | 联系电话 | 毕业学校 | 备 注 |
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注：请各乡镇慈善会上报汇总表电子文档，邮箱：cnxcszh@163.com。