附件1

资助困难学生回执表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **单位名称** | **联系人姓名** | **职务** | **联系方式** | **邮箱** | **资助人数** |
|  |  |  |  |  |  |
| **愿意资助学生序号：** | | | | | |