## 附件1：

## “践行中国梦·感恩励志行”首期公益服务资助项目申请表

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| **团队名称** | | |  | | | | | | | | | |
| **实践主题** | |  | | | | | | | | | | |
| **团**  **队**  **队**  **长** | **姓 名** | | | |  | **性 别** |  | | | **寝 室** | |  |
| **学部、学院** | | | |  | | | | | | | |
| **学 号** | | | |  | **家庭住址** | |  | | | | |
| **联系方式** | | | | **移动电话：**  **电子邮件：** | | | | | | | |
| **团**  **队**  **成**  **员** | **姓 名** | | | **性别** | **学部、学院，班级** | | | | **学号** | | **联系电话** | |
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| **实践目的** | | | |  | | | | | | | | |
| **实践内容**  **及行程安排**  （详细策划  请另附） | | | |  | | | | | | | | |
| **预期成果** | | | |  | | | | | | | | |
| **经费预算** | | | |  | | | | | | | | |
| **学生处意见** | | | | **（公章）**  **签字： 年 月 日** | | | | | | | | |

上交截止时间：2015年12月29日16:00前 上交地点：主楼西侧楼304室。

联系人：大连理工大学学生工作处 助学办公室 侯老师 84706273。

学生工作处将根据最终答辩立项结果，指派指导教师参与实践团队。