

Request For Financial Assistance

Minot Lions Club

PO Box 1671

Minot ND 58702-1671

All Lions Clubs across the globe have had sight, vision, vision diseases, etc. as their primary project since their onset. Requests for funding of sight related projects or worthwhile community projects are reviewed by the Minot Lions Club Board of Directors at monthly meetings. If you are requesting Financial Assistance from the Minot Lions Club, please complete this application to the best of your ability and mail it to Minot Lions Club, P.O. Box 1671, Minot ND 58702-1671 or deliver it to one of the officers or members of the Board of Directors of the Minot Lions Club.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (home) _____ (cell) _____

Email: _____

Request is for (person): _____

Additional Contact Info: _____

ND Resident: Yes ___ No ___. Years lived in ND: _____ years. Age: _____

Number of dependents in household (including self): _____

Employer: _____

Feel free to use additional paper:

Who and what is the request for financial assistance for (please be as specific as you can related to who, what, where, when, etc. as possible):

Please indicate how or why the person is not able to meet the financial assistance themselves and why other sources have not been able to assist with the financial need.

Why should the Minot Lions Club approve your request?

If you carefully follow the steps outlined in this application and are in financial need, it is very likely that you will qualify for an eye exam as well as a new pair of glasses.

1. Is someone in your household working at least part-time?

Yes ____ No ____.

2. Is the person seeking eye care without any vision Insurance; and/or is not covered by any type of medical assistance?

Yes ____ No ____.

3. The person seeking eye care **HAS NOT** had an eye exam in the last 3 years.

Yes ____ No ____.

4. Is the person seeking eye care assistance unable to afford eye care?

Yes ____ No ____.

Are you or your family covered under any health insurance or assistance program, including Medicaid, Medicare and/or Indian Health Services? Yes ____ No ____

If yes which program? _____

Have you used the Lions Eyeglass program? Yes ____ No ____

If so, when _____

Date of last eye exam? _____

Dr's Name _____ Location _____

Did you get glasses at that time? _____

Do you presently have eyeglasses? Yes ____ No ____

Why do you feel you should qualify for vision assistance: _____

Monthly net income: \$ _____ Money in savings: \$ _____

MONTHLY HOUSEHOLD EXPENSES:

Rent/Mortgage: _____ Utilities: _____ Telephone: _____

Food: _____ Vehicle Payments: _____ Transportation: _____

Home Insurance: _____ Real Estate Taxes: _____

Life Insurance: _____

Other (please explain): _____

IMPORTANT: You **MUST** enclose a letter confirming your need from a(n): Optometrist, Lions Club Member, Social Service Professional, Clergy, Teacher or Employer, etc. Family members' letters will not be accepted. Must have a first-hand knowledge of the financial need indicating their opinion of why the request for financial assistance should be granted along with their contact information. **The letter must include their name, position, contact information and their opinion of your need. Failure to do so will result in your application being rejected with no notice being sent out. This information will be held confidential and only provided to a member of the Minot Lions Club. The information will be used for determining eligibility to receive assistance for eye care.**

To the best of my knowledge all information included in this application is complete, accurate and an honest representation of the facts:

Signature

Date