

Request for Financial Assistance

Minot Lions Club

PO Box 1671

Minot ND 58702-1671

Lions Clubs across the globe have sight, vision, and vision diseases as their primary focus. Requests for funding of sight-related issues 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 and mail it to:

Minot Lions Club, P.O. Box 1671, Minot, ND 58702-1671

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). They must have first-hand knowledge of the financial need indicating their opinion of why the request for financial assistance should be granted. **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 without notice.** This information will be held confidential and only provided to the Minot Lions Club and will be used for determining eligibility to receive assistance for eye care.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (home) _____ (cell) _____

Email: _____

Request is for (person): _____

Additional Contact Info: _____

Number of dependents in household (including self): _____

Employer: _____

Feel free to use additional paper:

5. Have previously 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 ___

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

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): _____

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

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

Signature

Date