

WAMEGO LIONS CLUB
611 Vine Street
WAMEGO, KANSAS 66547

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE WITH SIGHT EXAMINATION AND
PURCHASE OF EYEGLASSES

Person Receiving Benefit _____ Age _____
Relationship to Applicant _____

Name _____ Age _____
Street _____ Own _____ Rent _____
City/State/Zip _____ How Long _____
Telephone # _____ I live in the _____ School District _____
Marital Status: ___ Married ___ Unmarried ___ Divorced ___ Separated ___ Widowed
Dependents: Number _____ Ages _____

Name of Employer _____
Position/Date Started _____

___ Check here if unemployed and list employer and date of last employment above.

Monthly Income:	Yourself	Your Spouse
Employment Income	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Welfare	\$ _____	\$ _____
Other Public Assistance		
(list) _____	\$ _____	\$ _____
(list) _____	\$ _____	\$ _____

If you are receiving income and/or benefits from any public agency, are you entitled to any aid from that agency for the purpose of eye examination or for purchasing eyeglasses? ___ yes ___ no

Monthly Living Expenses:	Amount	Paid to
Rent/House Payment	\$ _____	_____
Utilities	\$ _____	_____
Auto Payment	\$ _____	_____
Other (list)		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Make & Model of Automobile _____

Please explain your reasons for requesting assistance on the back of this completed form.

I understand that the Wamego Lions Club Eyeglass Assistance Program is not connected with any Federal or State public assistance program. I also understand that the Wamego Lions Club has a limited budget for the purpose of funding this program and I agree to hold the Club harmless if my application cannot be approved or funded. If my application is approved, I understand that the amount of assistance provided by the Club will be limited to the amount agreed on by the sight committee.

I hereby certify that the above information is accurate to the best of my knowledge.

Signature _____ Date _____