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:		Zip:	
Phone #: (home)	(cell)		
Email:			
Request is for (person):			
Additional Contact Info:			
Number of dependents in hous	sehold (including self):		
Employer:			

Feel free to use additional paper:

	nd for what is	the reques	ot ioi iiiiaiio	iai assistarit	oc for (picas	e ne shecilic ii
egards to "w	ho, what, wh	nere. when.	etc." as po	ssible):		
- g	,,	,,	010. 0.0 po			
	<del>-</del>					
	• • • • • • • • • • • • • • • • • • • •					
	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·
	<del></del>					
						<del> </del>
	<del> </del>					
Please indica	ate how or w	hy the ners	on is not ah	ale to meet t	he financial	need and why
	ate how or wl s have not be			ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why
				ole to meet t	he financial	need and why

Why s	should the Minot Lions Club approve your request?
-	carefully follow the steps outlined in this application and have a financial need, nay quality for an eye exam and/or a new pair of glasses.
1.	Is someone in your household working either part-time or full-time?  Yes No
2.	Does the person seeking eye care have vision insurance? Yes No
3.	Has the person seeking assistance had an eye exam in the last 3 years?
	Yes No
4.	Are you or your family covered under any health insurance or assistance programs, including Medicaid, Medicare and/or Indian Health Services?
	Yes No
	If yes which program(s)?

	. 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? YesN	NO						
6. ND Resident: Yes No Years lived in N	ID: years. Age:						
Monthly net income: \$ Money in savin	gs: \$						
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 assistar	nce:						
To the best of my knowledge all information included accurate and an honest representation of the facts:	in this application is complete,						
Signature	 Date						