



BROOKVILLE-TIMBERLAKE LIONS CLUB
Eye Bank ~ Application for Assistance

Name _____ Date _____

If applicant is a minor – Date of Birth: _____ Age: _____

Parent/Guardian: _____

School child attends: _____ Grade: _____

Name of Principal: _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

Rent: _____ Own: _____ How long at this location? _____

Where do you work? _____ How long? _____

Your income: _____ Circle one Weekly Monthly Annually

Total family income: _____ Circle one Weekly Monthly Annually

Number of dependents: _____ Do you receive Disability? _____

Do you receive Medicaid? _____ Do you receive Food Stamps? _____

Has the Lions Club helped you in the past? _____ When? _____

Present request is for: Eye exam & Glasses _____ New lenses _____

Medical treatment _____ Surgery _____ Other _____

Can you pay any part of the bill? _____ If yes, how much? _____

Phone: _____ Day Evening Anytime

Signature _____