



*Lake of the Woods Lions Club
Eyeglass Application Form*

Date _____

Applicants name _____

Age ____ *Sex* ____ *School if applicable* _____

Parents/Adults Name (if student) _____

Address _____ *Phone* _____

Town & State _____ *Zip Code* _____

Parent(s)/Adult(s) Employment _____

Address _____

Income From Same? _____ *Weekly?* _____ *Monthly?* _____

Other Income? _____

Number in Family Dependent on above income? _____

Do You Have Insurance? _____ *With Whom?* _____

Are You on Welfare Assistance? _____

Are you receiving Medicaid? _____ *Are you receiving FAMIS?* _____

Has Applicant Previously received help from the Lions Club? _____

If so, Date and type of help? _____ *More than once?* _____

Referred to the Lions by? _____

I certify that the above information is true. I understand/agree that the LOW Lions Club has the right to verify any information submitted.

Signature of Applicant _____

Signature of parent/adult _____

Must be submitted within 30 days of receipt!
sightandhearing@lowlions.org
phone 540-518-2440, Option 5

Return to: LOW Lions Club
c/o Sight & Hearing
PO Box 605
Locust Grove, VA 22508

FOR COMMITTEE USE ONLY

Record of previous help by the Lions Club? Yes/date _____ *No* _____

Recommended Lions Club Provide help? Yes _____ *No* _____

Committee Chairman Signature _____ *Date* _____