



Ardmore Lions Club

Official Eyeglass Application

Date of Birth: _____

Applicant's Name: _____ Gender: Male or Female Age: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Message Phone: _____

Applicant's Occupation: _____ Name of Employer: _____

Applicant's earnings from employment (Net Income): \$ _____

If applicant is a minor:

Father's name: _____ Father's Employer: _____

Father's monthly earning from employment (Net Income): \$ _____

Mother's name: _____ Mother's Employer: _____

Mother's monthly earnings from employment (Net Income): \$ _____

All other monthly income: Welfare Payments, Child Support \$ _____ Pensions, Retirement, Social Security \$ _____

Unemployment, Worker's Comp. \$ _____

Total Household Income: \$ _____

List all household members and ages: 1) _____ 2) _____

3) _____ 4) _____ List additional names on back.

Referring school (If applicant is child.): _____

Monthly household expenses: Utilities \$ _____ Food \$ _____ Phone \$ _____ Gas \$ _____

Rent \$ _____ Auto Insurance \$ _____ Prescriptions \$ _____ Cable TV \$ _____ Misc. Expenses \$ _____

I have lived in Carter County for _____ years.

Why are you applying for help in obtaining eyeglasses? _____

Are you able to pay any part of this expense? Yes _____ No _____ If so, When _____ \$ _____

By my signature, I hereby testify that the above information is true, correct and complete to the best of my knowledge. False information will result in non-approval of this application. By my signature, I give permission for the release of pertinent information to the Members of the Ardmore Lions Club Eyeglass Committee.

Signature of Applicant, Parent or Guardian

Date

Committee Members:

Name: _____ Date: _____ Y N

Name: _____ Date: _____ Y N

Please mail your completed form to: Ardmore Lions Club, 720 North Commerce St., PMB 664, Ardmore, OK 73401.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED OR ACCEPTED