

Kingman Mohave Lions Club

In Conjunction With Kingman Unified School District

P.O. Box 4316
Kingman, Arizona
www.kingmanlions.org
phone: (928) 753-4505
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CHILD APPLICATION FOR FINANCIAL ASSISTANCE FOR EYE EXAM & EYE GLASSES

In Order To Be Considered This Form Must Be Completed In Full

Student Information

Name of Child: _____ Date: ____ / ____ / ____
Address: _____ Age: ____ Sex: M F
Phone Number: _____ Insurance or AHCCCS: Y N

Financial Information

Head of household: _____
Marital status: Single Married Total number in household: _____
Address: _____ How long at this address: _____
Do you pay mortgage or rent: Y N If yes, how much do you pay: \$ _____
Total monthly expenses (*excluding rent, mortgage*): \$ _____
Are you steadily employed: Y N How long with present employer: _____
Occupation: _____
Name of employer: _____ Gross monthly earnings: \$ _____
Employer Address: _____
Additional incomes other than above (*amount and source*): _____
How much can head of household pay toward needed assistance: \$ _____
When? _____

THIS IS TO CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO AUTHORIZE THE MOHAVE LIONS CLUB TO VERIFY ANY INFORMATION ON THIS APPLICATION.

Signature of head of household

Approved by

**** Return completed form to your school's health office. The Lions Club will review your application and notify you of their decision. If you have any questions, please contact your school health office.*

School Nurse Comments

REFERRING NURSE: _____

CONTACT INFO FOR FOLLOW UP: _____

COMMENTS: _____

