

**APPLICATION TO MERCEDES LIONS CLUB
FOR ASSISTANCE IN EYEGLASSES
FOR STUDENT IN MERCEDES PUBLIC SCHOOLS**

Student: _____ School: _____ Grade: _____
 Address: _____ Phone: _____
 Visual Acuity: Right Eye _____ Left Eye _____ SSN _____

Date: _____ Nurse's Signature _____
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Does your child receive free lunch at school? Yes _____ No _____
 Have you previously received glasses from the School? Yes _____ No _____
 Have you previously received glasses from Lions Club? Yes _____ No _____

| | | |
|---------------|----------------------|----------------|
| INCOME | EXPENSES | FAMILY MEMBERS |
| Father: _____ | House Payment: _____ | Father: _____ |

| | | |
|---------------|-------------|---------------|
| Mother: _____ | Rent: _____ | Mother: _____ |
|---------------|-------------|---------------|

| | | |
|-------------------------|-------------|-----------------|
| Working Children: _____ | Light _____ | OTHER CHILDREN: |
|-------------------------|-------------|-----------------|

| | | |
|-------------------|-----------|--------------------|
| Food Stamps _____ | Gas _____ | 1. _____ Age _____ |
|-------------------|-----------|--------------------|

| | | |
|---------------------|-----------|--------------------|
| Welfare Check _____ | Car _____ | 2. _____ Age _____ |
|---------------------|-----------|--------------------|

| | | |
|-----------------------|---------------|--------------------|
| Social Security _____ | Medical _____ | 3. _____ Age _____ |
|-----------------------|---------------|--------------------|

| | | |
|-----------------------|-------------|--------------------|
| Workman's Comp. _____ | Phone _____ | 4. _____ Age _____ |
|-----------------------|-------------|--------------------|

| | | |
|--------------------|------------|--------------------|
| Other Income _____ | Food _____ | 5. _____ Age _____ |
|--------------------|------------|--------------------|

| | | |
|------------|--------------------|--|
| Loan _____ | 6. _____ Age _____ | |
|------------|--------------------|--|

| | | |
|-------------------|--------------------|--|
| Other Pmts. _____ | 7. _____ Age _____ | |
|-------------------|--------------------|--|

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Parent's Signature: _____

Principal's Signature: _____

Submit Application to: Lions Club President
 P. O. Box 623
 Mercedes, Texas 78570

Lions Club Board of Director

Approval _____ Date: _____

Appointment Date: _____ Appointment Time: _____