**WENATCHEE CENTRAL LIONS**

**SIGHT CONSERVATION APPLICATION**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant Date of Birth (If applicable) Name of Parent or Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Mailing Address City State/Zip Code

Cell/Home Phone

Total Monthly Household Income: $\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mthly Rent $\_\_\_\_\_\_\_\_\_ Mthly Elec/Utilities $\_\_\_\_\_\_\_\_

Phone Bill $\_\_\_\_\_\_\_\_\_\_ Groceries/Other Expenses $\_\_\_\_\_\_\_\_\_

# of Adults living in Home \_\_\_\_\_\_\_\_\_ # of Children living in Home \_\_\_\_\_\_\_\_\_\_

I (We) have received help from Lions Club before: YES \_\_\_\_ NO \_\_\_\_

Services Requested (Check all that apply): Eye Exam \_\_\_\_\_ Eyeglasses \_\_\_\_

Reason for Request of these Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By signing below, I certify that I, as the applicant, parent, or legal guardian, do not have sufficient financial resources nor the necessary insurance(s) to meet this need.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant or Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant or Parent/Guardian

The applicant will be contacted by mail or telephone by a member of the Wenatchee Central Lions Club as to the disposition of this application within 8 weeks of the date of receipt.

**Please return this application and, if available, a Copy of the most recent Eyeglass Prescription to:**

Wenatchee Central Lions **Office Use Only:**

Attn: Sight Chair Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO Box 135 Date of Receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wenatchee, WA 98807