

LION'S CLUB

APPLICATION FOR FINANCIAL ASSISTANCE

STUDENT: _____ BIRTHDATE: _____ SEX: _____

FATHER'S NAME _____ BIRTHDATE: _____

MOTHER'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ,ZIP: _____

HOME PHONE: _____ IF NONE LIST NEIGHBOR OR

RELATIVE'S PHONE #: _____

DEPENDENTS: (DO NOT INCLUDE THOSE LISTED ABOVE)

NAME: _____ AGE: _____ SEX: _____

NAME: _____ AGE: _____ SEX: _____

NAME: _____ AGE: _____ SEX: _____

NAME: _____ AGE: _____ SEX: _____

INCOME: (LIST ALL MONTHLY INCOME BEFORE TAXES)

FATHER'S
EMPLOYER: _____ PHONE NUMBER: _____

MONTHLY SALARY: _____

MOTHER'S EMPLOYER: _____ PHONE: _____

SALARY: _____

SSI: _____ A.F.D.C.: _____ CHILD SUPPORT: _____

UNEMPLOYMENT COMPENSATION: _____

WORKMAN'S COMPENSATION: _____

OTHER (NAME, SOURCE AND AMOUNT): _____

IS ABOVE STUDENT COVERED BY MEDICAID? _____ BY INSURANCE: _____

COMPANY: _____

PLEASE WRITE A SHORT PARAGRAPH AS TO THE TYPE OF NEED AND THE REASON: _____

PLEASE COMPLETE AND RETURN TO THE SCHOOL NURSE: