## **BUENA PARK NOON LIONS CLUB**

## JUSTIFICATION OF NEED FOR ASSISTANCE IN SIGHT PROBLEMS

Dear Parents:

Requests for assistance for sight problems to the Buena Park Noon Lion's Club must be approved by the Board of Directors.

In the past, requests have exceeded funds available. The Club must have verification of need in order to furnish assistance. We therefore request you to answer the following questions:

1. Approximate monthly salary
2. Approximate monthly expenditures including bills
<ol><li>Are you receiving any form of public assistance? Yes No</li></ol>
<ol> <li>If credit arrangement could be made for repayment, would you be able to make installment payments at a later date? Yes No</li> </ol>
DATE SIGNATURE OF PARENT
NAME OF STUDENT
ADDRESS OF STUDENT
CITY, STATE, ZIP
SCHOOL NAME
BEST PHONE NUMBER TO REACH YOU

NAME OF EMPLOYER: \_\_\_\_\_

## **RETURN THIS FORM TO THE SCHOOL HEALTH OFFICE ASAP**