

DISTRICT 14H SIGHT FIRST COMMITTEE

**ALL PARTICIPANTS MUST BE SPONSORED
BY A LIONS OR LIONESSE CLUB**

RETURN TO YOUR LOCAL LIONS OR LIONESSE CLUB

DATE: _____

APPLICANT'S NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____

MARITAL STATUS: _____ SINGLE _____ MARRIED

NUMBER OF DEPENDENTS: _____ ANNUAL INCOME: _____

GUIDELINES: IN ORDER TO PARTICIPATE IN THE PROGRAM, MAXIMUM ANNUAL INCOME CANNOT EXCEED THE FOLLOWING:

SINGLE PERSON UP TO \$19,000
HOUSEHOLD UP TO \$25,000

LAST TWO YEARS W-2s OR 1099s FOR ALL MEMBERS OF HOUSEHOLD MUST ACCOMPANY APPLICATION.
LIST OF INSURANCES AVAILABLE FOR USE:

REFERRAL SOURCE:

DOCTOR: _____ AGENCY: _____

LIONS/LIONESSE CLUB SPONSOR: _____

CLUB SPONSORSHIP APPROVED: _____
(CLUB OFFICER SIGNATURE)

AMOUNT OF FINANCIAL ASSISTANCE PROVIDED BY THE SPONSORING CLUB: \$ _____

**QUESTIONS? CONTACT THE SIGHT FIRST COMMITTEE TREASURER:
BARBARA TAYLOR, 39 MATTHEW ST, SCOTT TWP, PA 18433 PHONE: 570-254-3015**

ALL INFORMATION TO BE COMPLETED BY THE SIGHT FIRST COMMITTEE

FILE NUMBER: _____

DETERMINATION OF COMMITTEE: _____

NAME OF DOCTOR: _____

PHONE NUMBER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

APPOINTMENT DATE: _____ TIME: _____

DATE FILE COMPLETED: _____