

MILL CREEK LIONS FOUNDATION

APPLICATION FOR ASSISTANCE



Return completed forms to:

Mill Creek Lions Foundation
 PO Box 12022, Mill Creek, WA 98082
 or E-Mail Form to:
MillCreekAssistance@Lions19B.com

Questions:

E-mail:
MillCreekAssistance@Lions19B.com

Applicant's Name:		Date:	
Address:			
City:		Zip:	
Home Phone:		E-mail:	
Application is for: Self	Other (Specify):		
Name of Parent if Applicant is a minor:			
What are you applying for?			
Eye Exam	Glasses	Hearing Exam	
Hearing Aid	Other (Specify):		
Sources of income and Amount:			
			\$
			\$
			\$
Savings Amount:			\$
Expenses (Monthly) Approximate Amount:			
Rent / Mortgage:			\$
Utilities			\$
Car Payment / Insurance:			\$
Food:			\$
Other (Specify):			\$
Type of Health Insurance (Including Medicaid or Medicare):			
What it covers:			
Other pertinent information:			

Applicant's or Parent's signature: _____

<p>For Club use only: Date application received: _____ Action taken: _____</p>
