

Guidelines for funding: 1. Club must have available funding. 2. Household monthly income (as listed below on the application) must be in line with the guidelines approved by New River Community Action. 3. The Lions Clubs reserve the right to refuse or withdraw assistance.

**Blacksburg Lions Clubs: Sight Conservation Program**  
(Eyeglasses and Sight Care only—no hearing aids; no contact lenses)  
All Information MUST be completed

Date: \_\_\_\_\_ Circle assistance needed: Examination    Eyeglasses    Other \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Street Address (location): \_\_\_\_\_ Blacksburg, VA 24060

Telephone #: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB \_\_\_\_\_

**Students**, circle school: Beeks    Harding    Kipps    Linkous    Prices Fork    BMS    BHS    Other \_\_\_\_\_

If applicant is a minor, the parent/guardian must sign below:

Printed name of Parent/Guardian/Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: This signature grants the Montgomery County Department of Social Services (or other approved social service agencies) permission to release pertinent financial information to the Blacksburg Host or the Blacksburg Breakfast Lions Clubs, so that they may evaluate this application.*

Own a Home: \_\_\_\_\_ Rent: \_\_\_\_\_

Total Household Income: \_\_\_\_\_ circle >>>    weekly    monthly

**Type(s) of income:**

Wages \$ \_\_\_\_\_ Public assistance \$ \_\_\_\_\_ SNAP (food assistance) \$ \_\_\_\_\_ TANF \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_ Disability Income \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Number of family members dependent on this income: \_\_\_\_\_

**Insurance:** Medicare yes/no    Medicaid yes/no

Present Employer: \_\_\_\_\_ For how long? \_\_\_\_\_

Have you ever received help from either of the Blacksburg Lions Clubs, if so when? \_\_\_\_\_

When did you last receive an eye examination? \_\_\_\_\_

Who was the doctor? \_\_\_\_\_

Who referred you to the Lions Club for assistance?

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Circle one:    School    MCDSS    Health Dept    Individual

Other Agency (please list) \_\_\_\_\_

Please return completed form to:

Last Names of Applicants A-M:

Elaine C. Cook, 901 Vista Terrace, Blacksburg, VA 24060-3677    Email: elainecook1118@gmail.com  
Sight Conservation Chair, Blacksburg Host Lions Club    Telephone: 540-315-9339

Last Names of Applicants N-Z:

Karen Hult, 2507 Manchester Street, Blacksburg, VA 24060-8225    Email: khult@vt.edu  
Sight Conservation Chair, Blacksburg Breakfast Lions Club    Telephone: 540-230-8827