



Preschool Sight & Sound Program Application

SPRINGFIELD NOON LIONS CLUB FOUNDATION (SNLCF)

All children must be 5 or younger at the time of application and must live with the parent/guardian. A recommendation letter/email from the student's teacher, counselor or school nurse must be submitted with the application. The SNLCF only meets once a month for application review, funding is contingent upon application compliance and PS&S budget availability. The SNLCF Secretary may request more information after initial review, all SNLCF Board of Directors application review decisions are final.

PLEASE PRINT (All information must be completely filled out by the parent or guardian)

Applicant Information	Today's D	Oate	
Parent/Guardian's Name			
Student's Name	Date of Birth		
Address	Apt		
City			
Home Phone#	Work #_		
Sex(M/F/O)			
Assistance Requested (yes/no)	Eye Exam	Eye Glasses	
Family Information			
Marital Status:	Number of Dependents _	Ages	_
Occupation			
Employer Name	· · · · · · · · · · · · · · · · · · ·		
Address			
Phone #			
Disabled (Y/N)Nature of disa	ability		
*TOTAL MONTHLY INCOME		*TOTAL MON	THLY EXPENSES
Wages or General Assistance \$		Rent/Mortgage	\$
		Utilities Cell phone	\$ <u>\$</u>
		Medical	\$
		Clothing	\$
Other \$_		Food	\$
		Other	Φ
Total \$		Total	\$
Do you have:Medical Insurance	e, Insurance Co. Name:		
Public Aid: YesNo			
The above information is true to the best of my k	nowledge.		
,	2		
Parent/Guardian Signature			