



SPRINGFIELD NOON LIONS CLUB FOUNDATION  
(SNLCF) HELP2020 Program Application



The SNLCF only meets once a month for application review, funding is contingent upon budget availability. The SNLCF Secretary may request more information after initial review, all SNLCF Board of Directors application review decisions are final. Applicants are eligible once every two years unless just cause is presented to the foundation and approved by a majority vote. **Please attach a letter describing your circumstances.**

**PLEASE PRINT** (All information must be filled out by applicant, do not leave blank spaces)

**Applicant Information**

Today's Date \_\_\_\_\_

Applicant's Name (parent/guardian if applicant is underage) \_\_\_\_\_

Name of person needing assistance \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_, IL. Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work # \_\_\_\_\_

Sex(M/F/O) \_\_\_\_\_

**Assistance Requested (check mark accordingly)** Eye Exam \_\_\_\_\_ Eye Glasses \_\_\_\_\_

**Family Information**

Marital Status: \_\_\_\_\_ Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_

Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Disabled (Y/N) \_\_\_\_\_ Nature of disability \_\_\_\_\_

**\*TOTAL MONTHLY INCOME**

Wages <b>or</b> General Assistance	\$ _____
Pension	\$ _____
Unemployment	\$ _____
Social Security/SSI	\$ _____
Food Stamps	\$ _____
Other	\$ _____

**TOTAL MONTHLY EXPENSES**

Rent/Mortgage	\$ _____
Utilities	\$ _____
Cell phone	\$ _____
Medical	\$ _____
Clothing	\$ _____
Food	\$ _____
Other	\$ _____

**Total** \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Do you have: \_\_\_\_\_ Medical Insurance, Insurance Co. Name: \_\_\_\_\_

**IF YOU HAVE INSURANCE YOU MUST GO THROUGH YOUR INSURANCE PRIOR TO RECEIVING ASSISTANCE FROM LIONS (or provide insurance rejection documentation).**

Medicaid: Yes \_\_\_\_\_ No \_\_\_\_\_

The above information is true to the best of my knowledge.

Applicant's Signature \_\_\_\_\_