



StudentsCanSee



SPRINGFIELD NOON LIONS CLUB FOUNDATION (SNLCF) StudentsCanSee Application Policy

Families applying for StudentsCanSee must have income at or below the poverty levels shown in the following chart or current year as determined by the United States Department of Health and Human Services.

Federal Poverty Level (FPL)	
Family size	2024 income
For a family of 2	\$20,440
For a family of 3	\$25,820
For a family of 4	\$31,200
For a family of 5	\$36,580
For a family of 6	\$41,960
For a family of 7	\$47,340
For a family of 8	\$52,720

Proof of income is required, the following documents are acceptable

1. Worker's compensation
2. Page 1 & 2 of Federal tax return
3. W2 income statement
4. 1099
5. Social security statement
6. Proof of income letter
7. Severance statement
8. Court ordered agreement
9. Unemployment statements
10. Disability insurance
11. Pay Stub

All Students must be 18 or younger at the time of application and must live with the parent/guardian. Also, students cannot receive more than one pair of glasses in a 24-month period unless just cause is presented to the current foundation at the time of the application and approved by a majority vote. A new application is required for each request.

A recommendation letter 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 StudentsCanSee budget availability.

The SNLCF Secretary may request more information after initial review, all SNLCF Board of Directors application review decisions are final.

SPRINGFIELD NOON LIONS CLUB FOUNDATION
StudentsCanSee Application

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

Applicant Information

Today's Date _____

Parent/Guardian's Name _____

Student's Name _____ Date of Birth _____

Address _____ Apt _____

City _____, IL. Zip _____

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 disability _____

***TOTAL MONTHLY INCOME**

Wages or 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.

Public Aid: Yes _____ No _____

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

Parent/Guardian Signature _____

***You will be required to provide proof of Income**

Please return to: Springfield Noon Lions, PO Box 5441, Springfield, IL 62705-5441