



Pine Bluffs Lions Club

Student application form for eyeglasses

STUDENT REFERRED _____

Address _____ City _____ State _____

Telephone _____ School _____ Grade Level _____

Are you currently receiving assistance from Social Services?

Yes _____ No _____

Are you presently covered by vision insurance plan?

Yes _____ No _____

Financial reason for the request for assistance for eyeglasses

Any other comments that is prudent to the eyeglasses request:

date

Signature

Please return this form to the Pine Bluffs Lions Club, P.O. Box 202, Pine Bluffs, WY 82082.