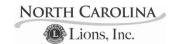


Matching Funds Grant Special Request

Referring Lions Club Information				
Club			District	
Daytime Phone		Email	1	
I hereby certify that this request has been evaluated within the policies and procedures of our Lions Club and that we deem this individual worthy of assistance and all other sources of assistance have been exhausted.				
Print Name	ar worthly of assistance and a	Position		
Signed		Date		
Client Information				
Name			Age	
Address				
City		State	Zip	
Daytime Phone				
Name of Guardian if Clier	nt is a Minor			
Purpose of Request				
Services to be Provided by			h detailed quote	
Name				
Address				
City		State	Zip	
Matching Fund Payment	t			
Club's Contribution		Match	hing Funds Requested	
Maximum Request	Medically Related Services Other Goods or Services Prosthetic Eye		\$2,500 (\$1,250 Club/\$1,250 NC Lions Inc.) \$1,500 (\$750 Club/\$750 NC Lions Inc.) \$1,200 (\$600 Club/\$600 NC Lions Inc.)	
NCLI Office Use Only				



Matching Funds Grant Special Request

Client Information					
Name	Age				
Name of Guardian if Client is a Minor					
Client Financial Information (If applicant is a minor, show information for legal guardian)					
Client's Employer	Position				
Spouse's Employer	Position				
Income	Expenses				
Monthly	Balance Monthly				
Clients Gross	House Payment				
Monthly Income	or Rent				
Spouses Gross	Car Payment				
Monthly Income					
Welfare Assistance	Utilities				
Other Income	Other				
Total	Total				
Assets					
House					
Other Real					
Estate					
Cars					
Savings					
Accounts					
Other					
Investments					
Other					
Total					