

# Matching Funds Grant Special Request



Referring Lions Club Information		
Club	District	
Daytime Phone	Email	
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	Position	
Signed	Date	
Client Information		
Name	Age	
Address		
City	State	Zip
Daytime Phone		
Name of Guardian if Client is a Minor		
Purpose of Request		
Services to be Provided by		
Attach detailed quote		
Name		
Address		
City	State	Zip
Matching Fund Payment		
Club's Contribution	Matching Funds Requested	
Minimum Request	\$300 (\$150 Club / \$150 NCLF)	
Maximum Request	\$2,000 (\$1,000 Club/\$1,000 NCLF)	
NCLF Office Use Only		

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Name		Age	
Name of Guardian if Client is a Minor			
Client's Employer		Position	
Spouse's Employer		Position	
	Monthly		Balance Monthly
Clients Gross Monthly Income		House Payment or Rent	
Spouses Gross Monthly Income		Car Payment	
Welfare Assistance		Utilities	
Other Income		Other	
Total		Total	
<b>Assets</b>			
House			
Other Real Estate			
Cars			
Savings Accounts			
Other Investments			
Other			
Total			