



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.

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 and must reapply.

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**

***TOTAL MONTHLY EXPENSES**

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

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