

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		<i>Attach detailed quote</i>	
Name			
Address			
City	State	Zip	
Matching Fund Payment			
Club's Contribution		Matching Funds Requested	
<i>Maximum Request</i>	<i>Medically Related Services</i>	\$2,500 (\$1,250 Club/\$1,250 NC Lions Inc.)	
	<i>Other Goods or Services</i>	\$1,500 (\$750 Club/\$750 NC Lions Inc.)	
	<i>Prosthetic Eye</i>	\$1,200 (\$600 Club/\$600 NC Lions Inc.)	
NCLI Office Use Only			

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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		
	<u>Monthly</u>		<u>Balance</u>
Clients Gross Monthly Income		House Payment or Rent	
Spouses Gross Monthly Income		Car Payment	
Welfare Assistance		Utilities	
Other Income		Other	
Total		Total	
Assets			
House			
Other Real Estate			
Cars			
Savings Accounts			
Other Investments			
Other			
Total			