



“That Others May See”

Request for Assistance

Anchorage Area Lions Joint Sight Committee
P O Box 612
Girdwood, AK 99587

Voicemail phone # 907-783-0171 – Leave name and number for call-back

Print all information except for signatures:

This form is completed by the sponsor for the applicant. It is the sponsor’s responsibility to assure this information is both complete and correct.

Applicant _____ Age _____
Parent/Guardian Name _____
Mailing Address _____
Phone # _____ Email: _____

Sponsor’s Name _____
Sponsoring Organization _____
Mailing Address _____
Phone # _____ Email _____

Reason for request _____

Does applicant need glasses? YES. NO. Does applicant need exam and glasses? YES. NO

Does applicant have a current prescription? YES NO
Date of prescription. _____. (Date is important during the evaluation process)

Is applicant able to obtain a prescription? YES NO Alaska Native? YES NO

Does applicant have Insurance? YES. NO. Does applicant have Denali Kid Care? Yes. No

Applicant's Usual Occupation _____

Employed? YES (Full time / Part Time / Permanent / Temporary) Not currently employed

Present Gross Salary \$ _____ (per hour, week, month)

If currently unemployed, why? _____

Last employer and date of employment _____

Where does applicant live, physical and mailing address?

Special Family Circumstances (Number of family members, how is family supported, source of income and amount, living expenses, single parent, etc.)

If applicant has no income, how does he /she survive, support himself / herself, family?

Applicant's Signature _____

I have personally interviewed the applicant and verify the information is accurate.

Sponsor Signature _____ Date _____

The decision regarding the assistance will be sent to the sponsor. If more space is needed for information, attach a separate sheet. Forms not containing the information requested will be returned.

Scan and email to Anchorage Area Lions Joint Sight Committee at anchoragejoinsight@gmail.com.

If email not available mail to:

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