

# Assistance Request Form

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Applicant:

Date:

Address:

Phone:

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**(All assistance requests must be taken by an Active Auburn Classic Noon Lions Club Member)**

What will the funds be used for?

Do you have proof / support for the requested amount? (Provide Documentation)

If No, how did you arrive at the requested amount?

Why do you have a need for assistance?

Have you requested assistance from any other organizations?

How much can you afford to contribute ?

Are you currently employed?

If yes, where \_\_\_\_\_

If No, who was your last employer? \_\_\_\_\_

If No, when were you last employed? \_\_\_\_\_

Is there anyone we can call to verify any of this information?

Name:

Relationship:

Phone Number:

I swear and affirm that the information I have provided in this interview is correct and accurate and has not been misrepresented in any way. If the information given is found to be inaccurate I will fully reimburse the Auburn Classic Noon Lions Club for any financial assistance given.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***(This Page is to be filled out by the Lions Club member when NOT in the presence of the applicant)***

Member Referring the Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Would you personally recommend this person receive assistance from the Lions Club?

*Explain:*

Are there any special circumstances that you would like the Board of Directors of the General Membership to be made aware of?

*Explain:*

How does providing assistance to this applicant support the mission of the Lions Club?

How much would you recommend the Lions Club provide in assistance? \_\_\_\_\_

For Board Use Only

Date:

Board Members Present:

Application is Denied. Reason:

Application Approved subject to the following conditions:

Application is Approved.

Amount Approved: \_\_\_\_\_ President Signature: \_\_\_\_\_