



Parent/Guardian - "Eyes of a Champion" The Brandon Burlsworth Foundation, in cooperation with Wal-Mart Optical department, and independent local Optometrists, strive to provide underprivileged students eye exams and eye glasses for those who qualify. Please fill out all blanks.

Incomplete applications will be denied.

Student _____ D.O.B. ___/___/___ Age ___ Grade ___

Male Female

Phone# () _____

Parent or Guardian _____ County _____

Address _____ City _____ Zip _____

FAMILY MONTHLY GROSS INCOME

Salary \$ _____
 Social Security \$ _____
 Disability \$ _____
 Child Support \$ _____
 Child Care \$ _____
 Other \$ _____

FAMILY AVERAGE MONTHLY EXPENSES

Rent/Mortgage \$ _____
 All Utilities \$ _____
 Vehicle Payment \$ _____
 Child Care \$ _____
 Insurance \$ _____
 Groceries \$ _____
 Gas \$ _____
 Medical \$ _____
 Other \$ _____

Personal Health Care with Vision? Yes No

Are you receiving Medicaid? Yes No

State Childrens' Health Insurance? Yes No

Family income of \$60,000 or more? Yes No

COMMENTS:

Applicant Signature _____ Date _____