



*Eyes of a Champion*

**www.brandonburlsworth.org**

**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 and return to your school nurse or counselor.

Incomplete applications will be denied.

Student \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Male  Female  \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FAMILY MONTHLY GROSS INCOME**

Salary \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

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 \_\_\_\_\_

**Nurse/Counselor - Please log onto [brandonburlsworth.org](http://brandonburlsworth.org) to process application.**