



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 _____ D.O.B. ___ / ___ / _____ Grade _____
 Parent or Guardian _____ Phone# () _____
 Address _____ County _____
 City _____ Zip _____ Race _____

FAMILY MONTHLY GROSS INCOME

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

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 to process application.