



**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. All applications must be entered into the system by a school nurse or counselor. No exceptions.

Student \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo / day / year Grade \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

**FAMILY MONTHLY GROSS INCOME**

Salary \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Disability \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**TOTAL INCOME \$** \_\_\_\_\_

**FAMILY AVERAGE MONTHLY EXPENSES**

Rent/Mortgage \$ \_\_\_\_\_  
 All Utilities \$ \_\_\_\_\_  
 Vehicle Payment \$ \_\_\_\_\_  
 Gas \$ \_\_\_\_\_  
 Child Care \$ \_\_\_\_\_  
 Groceries \$ \_\_\_\_\_  
 Medical \$ \_\_\_\_\_

**TOTAL EXPENSES \$** \_\_\_\_\_

- Personal Health with Vision?..... Yes  No  
 Are you receiving Medicaid?..... Yes  No  
 State Childrens' Health?..... Yes  No  
 Family income of \$50,000 or more?..... Yes  No

**COMMENTS:**

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

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