

**DISTRICT 2-A2 HUMAN NEEDS BOARD**

**(CLUB REQUEST FOR ASSISTANCE)**

**TO: HUMAN NEEDS BOARD**

THE \_\_\_\_\_ LIONS CLUB REQUESTS  
FINANCIAL ASSISTANCE IN SATISFYING A HUMAN NEED FOR THE FOLLOWING  
INDIVIDUAL(S)..... AGE \_\_\_\_\_  
ADDRESS..... \_\_\_\_\_  
\_\_\_\_\_

SSN# \_\_\_\_\_

IF DISABLED, FOR HOW LONG... \_\_\_\_\_

PLEASE DESCRIBE DISABILITY.. \_\_\_\_\_

DESCRIBE SPECIFIC NEED.. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WILL OTHER CLUBS IN YOUR ZONE SHARE IN THE COST OF THIS NEED? IF SO,  
INDICATE AMOUNT...\$ \_\_\_\_\_ NAME OF CLUB(S) \_\_\_\_\_

HOW MUCH WILL YOUR CLUB CONTRIBUTE TO THIS REQUEST FOR HELP?.....  
\$ \_\_\_\_\_

**(ALL INFORMATION CONTAINED HEREIN WILL BE TREATED CONFIDENTIALLY)**

IF THIS REQUEST FOR FINANCIAL AID IS GRANTED, WHO IS THE CHECK TO BE MADE  
OUT TO?..... \_\_\_\_\_  
AND, WHERE IS IT TO BE SENT ?... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED BY \_\_\_\_\_

PHONE: \_\_\_\_\_

PLEASE ALLOW ABOUT TEN DAYS FOR THIS REQUEST TO BE PROCESSED....

DOUBLE CHECK AND MAKE SURE ALL BLANK LINES ARE COMPLETED, IF NOT ,  
YOUR REQUEST WILL BE DELAYED.