



*Eyes of a Champion*  
**www.brandonburlsworth.org**

**Parent/Guardian:** The Brandon Burlsworth Foundation “Eyes of a Champion” program, in cooperation with Wal-Mart Optical department, and independent local Optometrists, strives to provide free eye exams and eyeglasses for students 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 NET INCOME	
MONTHLY Salary	\$ _____
Social Security	\$ _____
Disability	\$ _____
Child Support	\$ _____
Other	\$ _____

FAMILY AVERAGE MONTHLY EXPENSES	
Rent/Mortgage	\$ _____
All Utilities	\$ _____
Vehicle Payment	\$ _____
Child Care	\$ _____
Insurance	\$ _____
Groceries	\$ _____
Gas	\$ _____
Medical	\$ _____
Credit Card Monthly Payment	\$ _____
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 \_\_\_\_\_  
*I hereby swear and affirm that the above information is true and correct to the best of my knowledge.*

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