



**Joseph J. Camarda
Fellowship
Award**

Application Form

APPLICANT'S NAME: _____

MS. MR. MRS. LION LIONESS LEO

IS THIS AWARD A "FIRST" AWARD ____ OR "PROGRESSIVE" AWARD ____ FOR THE INDIVIDUAL?

SPONSORING LION OR LIONESS OR LEO CLUB: _____

CLUB CHAIRMAN: _____

CHAIRMAN'S ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: (H) _____ (W) _____

DATE AWARD IS TO BE PRESENTED: _____

This application form must be accompanied by a \$500 check, payable to:

THE SIGHT AND HEARING FUND

The \$500 may be accumulated in 2 payments over 2 consecutive years if designated specifically. The total must equal \$500. In order to insure that the recipient receives the award in a timely manner, please allow three weeks for delivery.

DO YOU WISH THE AWARD TO BE PRESENTED BY A MEMBER OF THE SIGHT AND HEARING FOUNDATION?

YES NO

IF YES, PLEASE FILL OUT THE FOLLOWING INFORMATION:

WHERE WILL THE AWARD BE PRESENTED?

WHAT TIME WILL THE MEETING START? _____

IS THIS A GUEST NIGHT? _____

As a guest of the club, the meal for the presenter and/or guest should be picked up by the sponsoring club.

PLEASE MAIL APPLICATION AND CHECK TO:

DISTRICT 33A SIGHT AND HEARING CONSERVATION AND TREATMENT FUND

C/O LION JEANINE LEGARE

16 SOUTH STREET

PETERSHAM, MA 01366

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