



**Joseph J. Camarda
Fellowship
Award**

Application Form

APPLICANT'S NAME: _____

(check one) MS. ____ MR. ____ MRS. ____ LION ____ LEO ____

(check one) IS THIS A "FIRST" AWARD ____ "PROGRESSIVE" AWARD ____ "Progressive Gold Award" ____

SPONSORING LION OR LEO CLUB: _____

CLUB CHAIRPERSON: _____

CHAIRPERSONS ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ EMAIL: _____

DATE AWARD IS TO BE PRESENTED: _____

This application from 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
(PHONE: 978-724-3260) E-Mail: jeaninelegare@hotmail.com**