



# Educational Enrichment Foundation Focus on Vision Application

EEF USE ONLY	
Application/Voucher Number:	_____
Approval:	_____
Approved By:	_____
Date:	_____

*PLEASE PRINT LEGIBLY. Complete ALL sections. Incomplete applications will not be considered. Students must meet eligibility requirements. Eligible students may utilize EEF's Focus on Vision program for one eye exam and/or one pair of eyeglasses per rolling 12-month period if funding is available.*

Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender Identity:  Male  Female  \_\_\_\_\_

Student's racial/ethnic identity:  Native American  Black/African American  Native Hawaiian/Pacific Islander  
 Asian  White  Hispanic/Latino  Multiracial  \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Free/Reduced Meals:  Student qualifies for FREE Meals  Student qualifies for REDUCED Meals  
 Student does NOT qualify  UNSURE if student qualifies

Student is applying for:  Eye Exam and Glasses  Glasses only  Exam only

Does the student have insurance that covers vision care?  No  Yes If yes, explain:

Has the need for an eye exam/eyeglasses been substantiated by a school-administered vision test?  Yes  No

Describe any special circumstances EEF should consider when reviewing this application (e.g. *Teacher is concerned that student is struggling to see chalkboard*):

### Parent/Guardian Authorization:

*By signing below, I certify that the information provided on this application is true and correct to the best of my knowledge.*

Parent/Guardian Name (print)

Signature

Date

### TUSD employee authorizing/submitting this application:

*Please submit the completed application to [programs@eefucson.org](mailto:programs@eefucson.org) or 325-8579 (Fax). Direct questions to EEF by calling 325-8688.*

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### TUSD employee assigned to accompany the student to Nationwide (if different than above):

*Transporting TUSD students to activities off school campus must comply with applicable TUSD policies.*

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



# Educational Enrichment Foundation

## Solicitud de Enfoque en la Visión

EEF USE ONLY	
Application/Voucher Number:	_____
Approval:	_____
Approved By:	_____
Date:	_____

**POR FAVOR IMPRIMA DE MANERA LEGIBLE. No deje secciones en blanco. Las solicitudes incompletas no se tomarán en consideración. Los estudiantes deberán cumplir con todos los requisitos de elegibilidad. Los estudiantes elegibles pueden utilizar el programa Enfoque en la Visión de la EEF para un examen de la vista y/o un par de lentes por un período de 12 meses, si hay fondos disponibles.**

Nombre del Estudiante: (Apellido) \_\_\_\_\_ (Nombre) \_\_\_\_\_

Número de Teléfono: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Identidad de Género:  Masculino  Femenino  \_\_\_\_\_

Información racial/étnico(a) del estudiante:  Nativo Americano(a)  Afroamericano(a)  Nativo Hawaiano(a)/Polinesia  
 Asiático(a)  Blanco(a)  Hispano/Latino(a)  Multirracial  \_\_\_\_\_

Nombre de la Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_

El estudiante califica para asistencia de comida: (escoge uno)  GRATIS  REDUCIDO  
 NO califica  INCIERTO si califica

El estudiante está solicitando:  Examen de Ojos y Lentes  Solamente Lentes  Solamente Examen

¿Tiene el estudiante seguro que cubra el cuidado de la vista?  No  Sí Si es sí, explique: \_\_\_\_\_

¿Ha sido justificado un examen de la vista/adaptación de lentes por un examen de la vista administrado por la escuela?  Sí  No

Describe cualquier circunstancia especial que la EEF debiera considerar al repasar esta solicitud (ej. Al maestro(a) le preocupa que el estudiante no pueda ver el pizarrón): \_\_\_\_\_

**Firma del Padre/Tutor:**

*Al firmar abajo, yo certifico que la información proporcionada en esta solicitud es verdadera y correcta.*

Nombre del Padre/Tutor (letra de molde)

Firma

Fecha

**TUSD employee authorizing/submitting this application:**

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Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**TUSD employee assigned to accompany the student to Nationwide (if different than above):**

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Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_