



Everlasting Footprints Grant Application

PERSONAL INFORMATION

Father's Name: _____
Last First Middle

Mother's Name: _____
Last First Middle

Guardian's Name: _____
Last First Middle

Home Address: _____
Street Address Apt #

_____ City State Zip

_____ Home Phone Cell Phone

AMOUNT OF GRANT

A grant up to \$1500 may be awarded for the expenses of burial and/or headstone costs incurred with the loss of a child stillbirth to three (3) years of age, or older, at the discretion of Angels of Hope, Inc.

REASONS FOR PURSUING FINANCIAL ASSISTANCE (check all that apply):

- I am not currently employed (reason _____)
- My spouse is not currently employed (reason _____)
- My family is unable to assist with costs
- Financial Hardship (Please explain) _____

- I have applied for Public Aide assistance but am not eligible.

I certify the facts stated in this affidavit are true and correct. If mistated, I understand that I may be subject to revocation of all grant monies awarded.

Signature of Applicant

Date

Signature of Applicant

Date