

Keep Their Light Shining

Bereaved Parent Financial Assistance Application
Lighting the Way for Bereaved Families, One Step at a Time

Website: keeptheirlightshining.org | Email: info@keeptheirlightshining.org

Section 1: Applicant Information

Full Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Section 2: Child Information

Child's Full Name: _____

Date of Birth: _____

Date of Passing: _____

Age at Time of Passing: _____

Section 3: Type of Assistance Requested

Please select the type(s) of assistance you are requesting. You may complete more than one section as applicable:

☐ Section 4: Funeral Expenses

☐ Section 5: Medical Expenses Incurred Prior to Child's Passing

☐ Section 6: Grief and Trauma Counseling Expenses

Section 4: Funeral Expenses

Requested Amount: \$_____

Describe the funeral-related expenses and how the funds will be used:

Life Insurance Disclosure:

Was there any life insurance coverage for the child?

☐ Yes ☐ No

If yes, provide provider name and amount received:

Section 5: Medical Expenses Incurred Prior to Child's Passing

Requested Amount: \$_____

Describe the medical-related expenses and how the funds will be used:

Health Insurance Disclosure (for the child):

Was the child covered by health insurance?

☐ Yes ☐ No

If yes, provide provider name and portion covered (if any):

Section 6: Grief and Trauma Counseling Expenses

Requested Amount: \$_____

Describe who will receive counseling and how the funds will be used:

Health Insurance Disclosure (for recipients of counseling):

Is counseling covered by health insurance?

☐ Yes ☐ No

If yes, provide provider name and portion covered (if any):

Section 7: Household Income Verification

Monthly Household Income (after taxes): \$_____

Number of People in Household: _____

Attach one or more of the following as proof of income:

- Most recent pay stubs
- Social Security/disability benefit statement
- Other documentation of financial hardship

Section 8: Documentation Requirements

Please attach documentation to support your request:

- Invoices, bills, or estimates for funeral, medical, or counseling expenses
- Proof of payment (if applicable)
- Letter from provider or counselor (if applicable)
- Copy of child's death certificate (for verification only)

Section 9: Eligibility & Agreement

This application is intended for parents or legal guardians who have experienced the death of a child and require financial assistance for funeral, medical, or counseling expenses. All applications are confidential.

By signing below, I confirm the information provided is true to the best of my knowledge. I understand that submission does not guarantee funding and that assistance is based on available funds and board approval.

Signature: _____

Date: _____

Submit Application To: Keep Their Light Shining | info@keeptheirlightshining.org