



PO Box 55388 • Trenton, NJ 08638  
TF: 866.613.2716 • P: 856.817.6206 • F: 609.479.2218

**FOUNDATION**

[www.lucajohnfoundation.org](http://www.lucajohnfoundation.org)

### **Financial Assistance Grants**

The Luca John Foundation is committed helping families financially that have suffered the loss of an infant child 12 months or younger, or still born. The loss of a child is something that no parent should have to go through, and we know that the costs associated with this tragedy are sometimes overwhelming. That is why we are committed to helping. Based on the limitation of funds not all requests will be able to be fulfilled.

### **Instructions:**

This application must be filled out as completely as possible  
Upon completion please email to [assitance@lucajohnfoundation.org](mailto:assitance@lucajohnfoundation.org).

### **Awarding of Grants:**

Applications award decisions will be determined as quickly as possible after it has been received. There is no guarantee of any assistance.

### **Grant Policy**

Grants are paid to service providers only  
The child must be 12 months and younger, or stillborn  
Reimbursement of services already rendered cannot be granted

By applying for this grant you are certifying that all information is true. In the event The Luca John Foundation requires validation of annual income of the parents it must be made available otherwise the Grant Value will be rescinded. Should it be determined any information is untrue The Luca John Foundation will use all legal means to recover any funds granted.

*Giving a little never gave so much*



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**Name of Applicant:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name of Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Gross Income:** \_\_\_\_\_

**Mothers Name:** \_\_\_\_\_ **Fathers Name:** \_\_\_\_\_

**Childs Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_

**Cause of Death:** \_\_\_\_\_

**Burial Location:** \_\_\_\_\_

**Please attach copy of death certificate:** \_\_\_\_\_

**How did you hear of us?** \_\_\_\_\_

**What will this assistance be used for?** \_\_\_\_\_

**Tell us about yourself:** \_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_

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