LOVE

FOUNDATION

Building Hope. Strengthening Lives.

Legacy Scholarship Program

GRANDPARENT APPLICATION

Supporting grandparents raising grandchildren after the homicide of their child

You are not alone.

Love Foundation created this scholarship to help grandparents who have stepped forward to provide safety, stability, and love to their grandchildren while grieving the loss of their own child.

This application may be completed electronically or printed and completed by hand.

All information will be handled with care and confidentiality.

ELIGIBILITY

- You are a grandparent raising one or more grandchildren.
- Your caregiving role began after the homicide of your son or daughter.
- You have legal guardianship, custody, or a recognized kinship placement.
- You and the grandchild(ren) meet the program residency requirements.
- You demonstrate financial need.

Together, we turn loss into legacy and hope into a brighter future.

LEGACY SCHOLARSHIP APPLICATION

Complete every shaded field that applies to your family.

1 APPLICANT INFORMATION

Full Name:

Date of Birth:

Street Address:

City: **State:** **ZIP:**

Phone:

Email:

Legal guardian / custodian? ☐ Yes ☐ No

Guardianship began:

2 GRANDCHILD(REN) INFORMATION

List the grandchildren currently in your care.

Name	Date of Birth	School / Grade

Attach a separate page for additional grandchildren.

Relationship to child(ren):

Any special needs or accommodations? ☐ Yes ☐ No

If yes, explain:

3 INFORMATION ABOUT YOUR CHILD

Name of Child:

Date of Homicide:

County / State:

Share a little about your child (optional):

4 FINANCIAL INFORMATION

Monthly income: $

Monthly expenses: $

Number in household:

Assistance received (check all that apply):

☐ SSI ☐ Social Security ☐ SNAP ☐ WIC

☐ Medicaid ☐ Pension ☐ Other

Briefly describe your current financial hardship:

5 HOW THIS SCHOLARSHIP WILL HELP

☐ Education / school needs ☐ Counseling / mental health ☐ Housing / utilities ☐ Medical / health

☐ Child care ☐ Clothing ☐ Transportation ☐ Activities

Other:

6 YOUR STORY

Tell us about your family and how this scholarship would make a difference.

REQUIRED DOCUMENTS CHECKLIST

Submit copies of the documents that apply to your situation.

Applicant Name: _____ **Application # (office):** _____

REQUIRED DOCUMENTS

- ☐ Completed scholarship application
- ☐ Government-issued photo ID
- ☐ Guardianship, custody, or kinship documentation
- ☐ Birth certificate(s) for grandchild(ren)
- ☐ Proof of residency

VERIFICATION OF LOSS - PROVIDE ONE

- ☐ Death certificate
- ☐ Police report
- ☐ Court documentation
- ☐ Coroner or medical examiner report
- ☐ Newspaper obituary or article
- ☐ Victim advocate verification letter

FINANCIAL DOCUMENTATION

- ☐ Most recent tax return
- ☐ Last two pay stubs
- ☐ SSI or Social Security award letter
- ☐ SNAP, WIC, or Medicaid verification
- ☐ Pension statement
- ☐ Other proof of income

OPTIONAL SUPPORTING DOCUMENTS

- ☐ Letter from counselor or therapist
- ☐ Letter from school
- ☐ Letter from clergy
- ☐ Letter of recommendation
- ☐ Other supporting documentation

We understand that every family's circumstances are unique.

If you are unable to obtain one or more requested documents, please contact Love Foundation. Our goal is to make the application accessible while ensuring fair and equitable review for every applicant.

Copies are acceptable. Please do not submit original documents.

CERTIFICATION AND AGREEMENT

Review the statements below, then sign and date the application.

Applicant Name:

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may disqualify me from receiving assistance. I also understand that submission of this application does not guarantee an award.

Printed Name:

Signature: **Date:**

PERMISSION TO VERIFY

I authorize Love Foundation to contact an agency, organization, or individual to verify information provided in this application, including obtaining copies of relevant records.

☐ I give permission ☐ I do not give permission

PRIVACY STATEMENT

Love Foundation is committed to protecting your privacy. Information collected in this application will be used only to evaluate eligibility for the Legacy Scholarship Program and will not be shared outside Love Foundation without written consent, except as required by law.

IMPORTANT: Applications are reviewed individually. Complete documents help us review your request more quickly.

FOR LOVE FOUNDATION USE ONLY

Date Received: **Application #:**

Reviewed By: **Date Reviewed:**

Approved: ☐ Yes ☐ No **Award Amount: $**

Notes: