

Evan's Monumental Gifts – Headstone Assistance Application

What is Evan's Monumental Gifts?

This nonprofit's goal is to help families in Western Pennsylvania, unexpectedly dealing with the loss of a child, to obtain a proper headstone.

Please submit an application if you meet the following criteria:

- **You live in Mercer, Lawrence, Beaver, Butler or Allegheny Counties in Western Pennsylvania**
- **You buried a child under 18 in the last 5 years (we also are accepting a limited amount of applications from families with an older loss.)**
- **You are low income, or otherwise in need. (Please be ready to provide a recent paystub or equivalent to verify income, if needed)**

Please note that preference will be given to those falling within the Department of Public Welfare income guidelines, so that we help those most in need with the limited funding we have available. If you are in need, but above the poverty level, please remember to fill in the details section on the application with why you need our help.

If you have any questions regarding this application, or need it printed and mailed to you, please email us at evansmom@evansmonumentalgifts.com and we will be glad to help.

Please print and mail this completed application with all supporting documentation to:

Evan's Monumental Gifts

P.O BOX 645

Ellwood City, PA 16117

After your completed application and all the supporting information is received, the application will be reviewed in a timely fashion. You will be notified as soon as possible as to whether the application was approved and next steps.

We are so sorry that you had to fill out this page. The pain of losing a child does not go away. We can help to make sure your child's name is memorialized on a lovely stone. This is our Evan's Monumental Gift. – Kiara & Eric, Evan's Parents

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The following information is required:

Applicant's Name

Address _____

Phone _____ Email _____

County of Residence

Deceased Child's Full Name

Date of Birth

Date of Death

Cemetery

Cemetery Address

Cemetery Phone

Please provide a full description of need and how we can help you to provide a memorial headstone for your child.

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Verification of Financial Need

Mother's Name

Address _____

Phone _____ Email _____

Employer _____

Position _____

Income per year: \$ _____

Father's Name

Address _____

Phone _____ Email _____

Employer _____

Position _____ Income

per year:

\$ _____

List dependent children and ages

I/we certify that the information provided in this application is true and accurate and that information provided is subject to verification by Evan's Monumental Gifts. I/we hereby give authorization for such verification.

I/we understand that if our application is approved, the funding is subject to forfeiture if false statements are given.

Applicant's Signature and Date