

MERCY'S GIFT

Applications are being accepted for the next round of Mercy's Gift. Mercy's Gift is a grant offering children an opportunity for funding to continue in an existing activity while they learn the new normal of life without their sibling.

We accept applications year round and award Mercy's Gift every 4 months.

The WHY:

We lost our Mercy Elizabeth after 13 short, beautiful days and were especially concerned about that impact on her siblings, who had so eagerly awaited her arrival. The love and support of our family and friends has led us to reach out to help other families who find themselves in a similar situation. We have been in their shoes and want to share resources that helped us navigate our loss.

The What:

Mercy's Gift is a grant offering children an opportunity for funding to participate in an activity while they learn the new normal of life without their sibling. The activity can be extracurricular, academic or mental health related.

The How:

We fund Mercy's Gift through participation in the Mercy Run and from donations.

Who:

All children experiencing the recent death of a sibling are eligible for Mercy's Gift. Children may be nominated by a parent, relative, or family friend.

Applications can be found at [TeamMercy.org](https://www.TeamMercy.org)

Mercy's Gift Application

Mother:

Name: _____

Date of Birth: _____

Phone/Alternate Phone: _____

e-mail Address: _____

Physical Address: _____

Father:

Name: _____

Date of Birth: _____

Phone/Alternate Phone: _____

e-mail Address: _____

Physical Address: _____

Your Family Story: Do you have a child awaiting delivery with a fatal diagnosis, a child living with a terminal illness, or a child who has died? Please tell us their story. _____

Living Children: Please share a little about the living child/children in your home? _____

Child(ren) applying for Mercy's Gift fund: Please include name of school, activity, therapist, etc. where funds will be used, the activity address, phone number, contact name, and website, where applicable. Please also include the cost of tuition per month, semester, or session for the activity/ies.

Child's Name: _____

Date of Birth: _____

Activity: _____

Location: _____

Activity Contact Person/phone/email: _____

Feel free to copy this page for each child applying for Mercy's Gift

Please include

_____ Family Contact Info

_____ Family Story

_____ Living Child(ren)'s activities

_____ Please submit a family photo.

_____ I agree to TeamMercy to use our likeness image in promotional material.

submit completed form to:

TeamMercy.org

c/o Mercy's Gift

1079 W. Round Grove Rd. Suite 300-504,

Lewisville, TX 75067

or email complete form to info@teammrcy.org

