



RE: Adoption Grant Application

Dear Applicant,

Thank you for your interest in the Gift of Adoption Fund grant program. Following is the GOA grant application form. Please complete the application form using MS Word. After completing the form, please save it for future reference and print a copy to return with your application packet. In order for Gift of Adoption to make a decision regarding your application, you must submit each of the following items to the address below:

- Completed Grant Application
- GOA Publicity Authorization Form
- Copy of your most recent tax return
- Copies of recent check stubs for all reported income earners
- Copy of your approved home study
- Two (2) letters of reference
- Check in the amount of \$50.00

Send all items to:

Gift of Adoption Fund
ATTN: Grants Manager
P.O. Box 567
Techy, IL 60082

All applications will be reviewed by the Grant Selection Committee. Every effort will be made to present your application to the committee at the time most favorable for your particular situation. You will be notified via email when your application will be presented to the committee and be asked to provide any needed updates at that time.

Please note: Do not apply if your adoption has been finalized -or- if you are just starting the adoption process. You must have an approved home study from an adoption agency or social worker before beginning the application process. Gift of Adoption does not fund full adoptions. We provide the last bit of help needed to bring a child home.

If you have any questions concerning Gift of Adoption Fund or the application process, please visit our website at www.giftofadoption.org or email grants@giftofadoption.org.

Sincerely,

Shaneetra Gross
Grants Manager
Gift of Adoption Fund



Grant Application

| | | | |
|---|----|------------|--|
| 1. Primary Applicant | | | |
| <i>1.1 Personal Information</i> | | | |
| Name | | | |
| Email | | | |
| Birth Date | | | |
| Address | | | |
| | | | |
| County | | | |
| Cell Phone | | Home Phone | |
| <i>1.2 Education</i> | | | |
| High School | | | |
| Last Grade Completed | | | |
| College/Technical School | | | |
| Degree | | | |
| Graduate School | | | |
| Degree | | | |
| <i>1.3 Employment</i> | | | |
| Employer | | | |
| Title/Position | | | |
| Address | | | |
| | | | |
| Phone | | | |
| Length of Employment | | Years | |
| Gross Wages/ Salary | | per year | |
| 2. Secondary Applicant (if applicable) | | | |
| <i>2.1 Personal Information</i> | | | |
| Name | | | |
| Email | | | |
| Birth Date | | | |
| Cell Phone | | | |
| <i>2.2 Education</i> | | | |
| High School | | | |
| Last Grade Completed | 12 | | |
| College/Technical School | | | |
| Degree | | | |
| Graduate School | | | |
| Degree | | | |



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|--|-----------|
| <i>2.3 Employment (Secondary Applicant - Cont)</i> | |
| Employer | |
| Title/Position | |
| Address | |
| | |
| Phone | |
| Length of Employment | Years |
| Gross Wages/ Salary | per year |
| 3. Financial Status | |
| <i>3.1 Income</i> | |
| Primary Applicant Gross Wages/ Salary | per month |
| Secondary Applicant Gross Wages/ Salary | per month |
| Other Income | per month |
| Total Revenue | per month |
| Revenue Notes | |
| <i>3.2 Expenses</i> | |
| Mortgage/Rent | per month |
| Auto | per month |
| Credit | per month |
| Credit Notes | |
| Loans | per month |
| Loan Notes | |
| Utilities | per month |
| Food | per month |
| Insurance | per month |
| Other Expenses/Payroll Deduction, Etc | per month |
| Other Notes | |
| Child Care | per month |
| Total Expenses | per month |
| Expenses Notes: | |
| <i>3.3 Assets</i> | |
| Home Value | |
| Auto Value | |
| Savings | |
| Retirement Funds | |
| Non-Retirement Investments | |
| Employer Adoption Cash Benefit | |
| Other Confirmed Adoption Grants | |
| Provider of Other Adoption Grants | |
| Other Property | |



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|---|--------|--------------------------|-----------------------------------|
| Other Property Notes | | | |
| Other Assets Value | | | |
| Other Assets Notes | | | |
| Total Assets | | | |
| 3.4 Debts | | | |
| Home | | | |
| Auto | | | |
| Credit | | | |
| 2 nd Mortgage | | | |
| Other Debts | | | |
| Other Debts Notes | | | |
| Total Debts | | | |
| 4. Family Status | | | |
| How many children do you currently have? | | | |
| List the first names and ages of your children: | | | |
| Child 1: | | Age: | Adopted? <input type="checkbox"/> |
| Child 2: | | Age: | Adopted? <input type="checkbox"/> |
| Child 3: | | Age: | Adopted? <input type="checkbox"/> |
| Child 4: | | Age: | Adopted? <input type="checkbox"/> |
| Child 5: | | Age: | Adopted? <input type="checkbox"/> |
| Child 6: | | Age: | Adopted? <input type="checkbox"/> |
| Child 7: | | Age: | Adopted? <input type="checkbox"/> |
| Child 8: | | Age: | Adopted? <input type="checkbox"/> |
| 5. Adoption Information | | | |
| 5.1 Child(ren) Information | | | |
| Type of Adoption | | | |
| Number of Children to be Adopted | | | |
| Child 1 | Gender | M | Age |
| | | | Special Needs |
| | | | State/Country |
| Child 2 | Gender | M | Age |
| | | | Special Needs |
| | | | State/Country |
| Child 3 | Gender | M | Age |
| | | | Special Needs |
| | | | State/Country |
| Child 4 | Gender | M | Age |
| | | | Special Needs |
| | | | State/Country |
| Have you accepted a child referral? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Estimated Travel/Placement Date | | | |



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|--|---|
| <i>5.2 Agency Information</i> | |
| Agency Name | |
| Contact | |
| Address | |
| | |
| Phone | |
| Fax | |
| Email | |
| Home Study Status | Approved Home Study (note: applications will not be accepted without a completed and approved home study) |
| Release | <input type="checkbox"/> GOA may contact this agency with questions/information regarding my/our application. |
| <i>5.3 Adoption Expenses</i> | |
| What do you estimate the total costs of this adoption will be? | \$ |
| How much of this total cost have you already paid? | \$ |
| Have you attempted to find other ways to finance this adoption (e.g. bank loan, home equity loan, personal loan, personal fundraisers, etc)? | Yes <input type="checkbox"/> N <input type="checkbox"/> |
| If you have attempted other financing, please describe | |
| How do you plan to fund the remaining cost of this adoption? | |
| Amount requested from Gift of Adoption Fund (average grant is \$3,500, maximum grant is \$7,500) | \$ |
| What happens if your application is not approved? | |
| In an average month, GOAF receives more than 50 applications and can award only 8 grants. Tell us what makes your request compelling? | |
| | |



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| 6. References | | | |
|---|--------------------------------------|-------|--|
| Reference 1 | | | |
| Name | | | |
| Relationship | | | |
| Address | | | |
| | | | |
| Home Phone | | | |
| Reference 2 | | | |
| Name | | | |
| Relationship | | | |
| Address | | | |
| | | | |
| Home Phone | | | |
| 7. Verification* | | | |
| I verify this information to be true to the best of my knowledge and give permission to the Gift of Adoption Fund to verify this information and to contact the references listed above. All applicants, please sign below: | | | |
| Primary Applicant | | | |
| Signature: | | Date: | |
| Secondary Applicant | | | |
| Signature: | | Date: | |
| The following information is used for STATISTICAL and FUNDING PURPOSES only and does not impact the Grant Selection Committee's decision making. | | | |
| <i>Race/Ethnicity</i> | | | |
| Primary Applicant's Race/Ethnicity | Secondary Applicant's Race/Ethnicity | | |
| | | | |
| <i>Occupation: Does either applicant work in any of these fields?</i> | | | |
| Primary Applicant's Occupation | Secondary Applicant's Occupation | | |
| | | | |
| <i>Religion</i> | | | |
| Primary Applicant's Religion | Secondary Applicant's Religion | | |
| | | | |
| | | | |



Grant Application

***NOTE:** If any of the information you provide on this application changes after submission, it is your responsibility to update Gift of Adoption by submitting the information at:

www.giftofadoption.org/apply/applicationUpdate.html -or-
by emailing the new information to grants@giftofadoption.org.

This includes, but is not limited to, information related to your finances, your adoption costs, your referral/match status, the adoption agency being used, and information related to the child(ren) you are adopting (location, condition, number, etc). Gift of Adoption will contact you from time to time for additional updates. Please respond to these requests by the date indicated. Grant award decisions are made based on the totality of circumstances and may be revoked if the circumstances change materially from those under which the grant was awarded.

Print Completed Application Form and Return to:

Gift of Adoption Fund
ATTN: Grants Manager
P.O. Box 567
Techny, IL 60082

The following items must be returned with this application to complete the application packet:

- GOA Publicity Authorization Form
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- Copy of your approved home study
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- Check in the amount of \$50.00



Publicity Authorization

Applicants understand and agree that consideration of a Grant may result in publicity, whether or not Gift of Adoption actively takes steps to publicize the Grant. However, to the extent Gift of Adoption has control over the matter; Applicants are asked to choose between the following two alternatives.

OPTION 1

Applicants authorize Gift of Adoption to publicize the Grant and to use the Applicants' names, likenesses and other information about Applicants and the Grant, whether embodied in photographs, videotapes, recordings or any other format (collectively, "Information"), for purposes of promotion, publication, commercial advertising, or any other purpose whatsoever, now or at any time in the future. Applicants understand and agree that Gift of Adoption may use any such Information: (1) in all manner and media whatsoever, whether now known or hereafter invented, including electronic and print media and the Internet; (2) with or without Applicants' names; (3) without the payment of royalties or other compensation to anyone; and (4) without the need to notify them or to seek further approval before doing so.

Initials of Applicants if **authorizing** publicity: _____

OPTION 2

Applicants request that information about their involvement in the Grant not be actively publicized by Gift of Adoption to the electronic or print news media, posted on the internet, or used in Gift of Adoption "collateral" such as newsletters, brochures, annual reports, etc. However, each Applicant understands and agrees: (1) that information regarding the Grant and Applicants will necessarily be discussed with and disclosed to those involved in the Grant process; (2) that Gift of Adoption may publicly describe and promote the Grant generally, without specifically identifying Applicants; and (3) that even if Gift of Adoption does not actively publicize the Grant, the general public and media may obtain information concerning the Applicants' involvement with Gift of Adoption from other sources.

Initials of Applicants if **not authorizing** publicity: _____

Primary Applicant:

Additional Applicant:

Signature: _____

Signature: _____

Date: _____

Date: _____