



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](http://www.giftofadoption.org) or email [grants@giftofadoption.org](mailto:grants@giftofadoption.org).

Sincerely,

Shaneetra Gross  
Grants Manager  
Gift of Adoption Fund



## Grant Application

<b>1. Primary Applicant</b>			
<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	
<b>2. Secondary Applicant (if applicable)</b>			
<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			



## Grant Application

<i>2.3 Employment (Secondary Applicant - Cont)</i>			
Employer			
Title/Position			
Address			
Phone			
Length of Employment	Years		
Gross Wages/ Salary	per year		
<b>3. Financial Status</b>			
<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 (taxes), 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 (total)			
Amount of Savings earmarked for adoption expenses			
<b>Non-Retirement Investments</b>			
Employer Adoption Cash Benefit			
Other Confirmed Adoption Grants			
Provider of Other Adoption Grants			
Other Property			



## Grant Application

Other Property Notes			
Other Assets Value			
Other Assets Notes			
Total Assets			
<b>3.4 Debts</b>			
Home			
Auto			
Credit			
2 <sup>nd</sup> Mortgage			
Other Debts			
Other Debts Notes			
Total Debts			
<b>4. Family Status</b>			
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"/>
<b>5. Adoption Information</b>			
<i>5.1 Child(ren) Information</i>			
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			



## Grant Application

<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?	



## Grant Application

<b>6. References</b>			
Reference 1			
Name			
Relationship			
Address			
Home Phone			
Reference 2			
Name			
Relationship			
Address			
Home Phone			
<b>7. Verification*</b>			
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](http://www.giftofadoption.org/apply/applicationUpdate.html) -or-  
by emailing the new information to [grants@giftofadoption.org](mailto: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  
Techy, IL 60082

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

- GOA Publicity Authorization Form
- Copy of your most recent tax return
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- Copy of your approved home study
- Two (2) letters of reference
- 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: \_\_\_\_\_