



FOREVER FAMILY GRANT APPLICATION

*The Forever Family Fund is a financial grant program that helps Christian couples/individuals with the cost of their adoptions by awarding grants up to \$5,000.
Forever FAMily supports international, domestic and foster care adoptions.
There is no charge to apply.*

EACH QUESTION ON THIS APPLICATION MUST BE FILLED IN COMPLETELY ON ORIGINAL APPLICATION FORM.

If question is not applicable to you, please mark it N/A. If you leave a question blank, your application will be considered incomplete and may not qualify for grant. Your application will be INCOMPLETE if any of the following is missing:

- PLEASE INCLUDE:**
1. **A PHOTOCOPY OF YOUR COMPLETE, CERTIFIED HOME STUDY (See #1 of Guidelines)**
 2. **COPY OF LOUISIANA DRIVERS LICENSE (See #5 of Guidelines)**
 3. **WRITTEN REFERENCE LETTER FROM CHURCH PASTOR (See #7 of Guidelines)**
 4. **TYPED SALVATION TESTIMONY (See #8 of Guidelines)**
 5. **TYPED ADOPTION TESTIMONY (See #8 of Guidelines)**

1. Date: _____

2. Applicant #1: Name/DOB: _____

Applicant #2: Name/DOB: _____

3. Mailing Address: _____

Applicant #1: Home Phone: _____ Cell Phone: _____

Email: _____

Applicant #2: Home Phone: _____ Cell Phone: _____

Email: _____

4. Name of Church that you attend: _____

Please provide name and contact information of Pastor:

5. If you are adopting Internationally what country are you adopting from? _____

Please provide all contact information for the Adoption Agency and/or Adoption Attorney you are working with:

Have you been matched with a child? _____; Date of Match: _____

Are you awaiting placement? _____; Date of Placement: _____

Has adoption been finalized? _____; Date Finalized: _____

6. If you are adopting Domestically what state are you adopting from? _____

Please provide all contact information for the Adoption Agency and/or Adoption Attorney you are working with:

Have you been matched with a child? _____; Date of Match: _____

Are you awaiting placement? _____; Date of Placement: _____

Has adoption been finalized? _____; Date Finalized: _____

7. If you are adopting through Foster Care do you have a placement and a court date for Final Adoption? _____

Please provide all contact information of your appointed Social Worker:

8. Have you ever adopted before? _____ If yes, please include information in your Adoption Testimony.

9. Is anyone in your immediate family adopted, an adoptive parent or connected with adoption in any way? _____ If yes, please explain:

10. How have you paid for your adoption expenses this far and how do you intend to pay for the balance?

11. Are you applying for any other grants, loans or financial assistance? _____ If yes, please explain and give amounts.

12. Please indicate if you have received any of the above grants, loans or financial assistance for which you applied:

13. How did you hear about the *Forever Family Fund*?

I/We hereby acknowledge that all of the information provided in this grant application is truthful and accurate. I/We understand, authorize and agree that our complete application (including home study and personal testimonies, which may include personal identifying information and personal medical information) will be reviewed by the committee of the FAMily Ministry of Trinity Baptist Church. I/We authorize members of said committee to contact all of our service providers that have been listed on said application to clarify or verify any of the information provided.

PLEASE SIGN AND DATE WHERE INDICATED:

Applicant #1 Signature

Applicant #2 Signature

Applicant #1 Printed Name

Applicant #2 Printed Name

Date

Date

Return Completed *Forever Family Adoption Grant* application packet to:

Trinity Baptist Church
Attn: FAMily (Kelly Berryhill)
1800 Country Club Road
Lake Charles, LA 70605