**A Child Waits Foundation**

**International Adoption Grant Program**

1136 Barker Road, #12

Pittsfield, MA 01201

Phone: 866-999-2445 Fax: 518-794-6243

Email: [cnelson@achildwaits.org](https://webmail.networksolutionsemail.com/edgedesk/cgi-bin/compose.exe?id=0103c690290037ba9edfc922963269190a15&new=&xsl=compose.xsl&to=cnelson@achildwaits.org) Web: [www.achildwaits.org](http://www.achildwaits.org/)

**Grant Application Instructions**

* A Child Waits Foundation accepts applications after a homestudy has been completed and prior to your final adoption trip.
* The grant request should include: the six application forms, supporting documents and $20 application fee.
* Request that your social worker and placing agency send the required Adoption Information Forms directly to the Foundation.
* Provide a cover letter that describes the child you are adopting, your motivation to adopt and information about your fundraising efforts, donations, help from extended family, and other grants you have applied for or received.
* We do not accept emailed or faxed applications. Mail completed application to:

**​**

|  |  |
| --- | --- |
| **USPS:** | **FedEx or UPS:** |
| A Child Waits Foundation | A Child Waits Foundation |
| PO Box 145 | 1221 State Route 20 |
| West Lebanon, NY 12195 | New Lebanon, NY 12125 |

**After the Application has been Mailed**

* Once the application is complete, you may be contacted for additional information prior to submission to our Board.
* Our process is ongoing, there are no application deadlines and applications are accepted and reviewed throughout the year.
* Under special circumstances A Child Waits Foundation can expedite the grant review process if travel occurs faster than anticipated.
* If there are any changes or delays regarding your adoption, please notify the Foundation.

**Notification**

Once a decision is made regarding your application, applicants will receive notification by mail or by phone. All decisions are final, and our process does not include reapplying if an application has been denied. If approved for a grant; funds will be disbursed once a confirmed final travel date has been received. Funds may be used for all direct adoption costs including travel.

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**After you are Home**

A Child Waits Foundation requests a brief summary of your adoption and pictures after your child is home.   If the family gives written consent, A Child Waits Foundation may use your pictures and adoption summary, without identifying information, such as last names, on our web site or in printed material.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **A Child Waits Foundation International Grant Application** |
| Phone: 866-999-2445 Fax: 518-794-6243 |
|  Email: cnelson@achildwaits.org Web: www.achildwaits.org |
|  |  |  |
| **International Grant Program Documents Checklist** |
|  |  |  |
| Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| Please use this checklist to confirm you have included all necessary documents.  *If your child’s referral information is not yet available,* you may still apply*.* Once we receive the picture and medical of the child being adopted, your application will be complete. |
|  |  |  |
| √ | **A Child Waits Forms** |
|   | Grant Application - Family/Adoption Information |
|   | Financial Statement |
|   | Monthly Budget Form |
|   | Adoption Expense Form |
|   | Grants, Fundraising and Donations Form |
|   | Consent Form |
|   |  |  |
|   | **Supporting Documents/Other** |
|   | Home study |
|   | Cover letter - See instructions to be sure your cover letter includes the requested information. |
|   | Most recent 1040 with attachments - include schedule C if business owner |
|   | Most recent copy of pay stubs for all applicants |
|   | Picture & medical of child being adopted - We can hold the application until this is available. |
|   | Picture of current family |
|   | $20 application fee |
|   |  |  |
|   | **Adoption Information Forms Requested** |
|   | Adoption agency |   |
|   | Home study social worker |   |
|  |  |  |
|  | **We do not accept emailed or faxed applications. Mail application, cover letter, application fee & supporting documents to:** |  |
|  |  |  |
|  |  **USPS: FedEx or UPS:** |   |
|  |  A Child Waits Foundation A Child Waits Foundation |  |
|  |  PO Box 145 1221 State Route 20 |  |
|  |  West Lebanon, NY 12195 New Lebanon, NY 12125 |  |
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| ***A Child Waits Foundation - International Grant Application*** |  |
| ***Family and Adoption Information*** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Adoptive Parent 1*** | ***Adoptive Parent 2*** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_* |  *Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_* |
| *Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |  *Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| *Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text: Yes \_\_\_\_\_\_ No\_\_\_\_\_\_* |  *Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text: Yes \_\_\_\_\_ No\_\_\_\_\_* |
| *Best # to be reached: Cell \_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_* |  *Best # to be reached: Cell \_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_*  |
| *Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  *City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  *Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Other \_\_\_\_\_* |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Current Family Profile*** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *# of Children: \_\_\_\_\_\_ Adopted: \_\_\_\_\_\_ Biological: \_\_\_\_\_\_ Foster: \_\_\_\_\_\_ Any children with special needs? Yes / No*  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *# of Children living at home: \_\_\_\_\_\_\_\_ Name and ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Name and ages of any others residing in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Child and Travel Information*** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|

|  |  |  |
| --- | --- | --- |
| Please complete information about all trips to the country. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number of Required Trips: \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Expected travel date trip 1: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  Family members traveling trip 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Expected travel date trip 2: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  Family members traveling trip 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Expected travel date trip 3: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  Family members traveling trip 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Child to be Adopted*** |  |
| *Name* | *Age* | *Sex* | *Special Need* |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ***Adoption Professionals Information*** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Home Study Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  | *Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Adoption Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  | *Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *How did you hear about A Child Waits Foundation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |  |  |
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| --- | --- |
| ***A Child Waits Foundation International Grant Application*** |  |
|  ***Financial Statement*** |  |
|  |  |  |  |  |  |
|  ***Adoptive Parent 1*** |  |  ***Adoptive Parent 2*** |  |
| *Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  *Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| *Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  *Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| *Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  *Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
|  |  |  |  |  |  |
| ***Projected Income for Current Year:*** | ***Projected Income for Current Year:*** |  |
|  |  |  |  |  |  |
| *Gross: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Net: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *Gross: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Net: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Other Yearly Income: \_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_* | *Other Yearly Income: \_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_* |
| *(Social security, disability, retirement, military,* |  | *(Social security, disability, retirement, military,* |  |
| *foster care/adoption stipends, etc.)* |  | *foster care/adoption stipends, etc.)* |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| ***Joint Assets and Liability Information*** |  |
|  |  |  |  |  |  |
| ***Assets – What I Own:*** | ***Liabilities – What I Owe:*** |  |
| *Home (current market value)* |  |  |  *Mortgage on 1st Home* |  |  |
|  |  |  |  |  |  |
| *2nd Home (current market value)* |  |  |  *Mortgage on 2nd Home* |  |  |
|  |  |  |  |  |  |
| *Total Savings & Checking* |  |  |  *Home Equity Loan/Credit* |  |  |
|  |  |  |  |  |  |
| *Stocks and Bonds* |  |  |  *Education Loans* |  |  |
|  |  |  |  |  |  |
| *401K/Retirement Accounts* |  |  |  *Credit Cards* |  |  |
|  |  |  |  |  |  |
| *Other Assets (describe):* |  |  |  *Other Liabilities (describe):* |  |  |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |
|  |  |  |  |  |  |
|  |  |  |  *Total of Liabilities* |  |  |
| *Total of All I Own* |  |  |  *Total of All I Own* |  |  |
|  |  |  *Total of Liabilities* |  |  |
|  |  |  |  *Total Net Worth* |  |  |
|  |  |  |  |  |  |
| *Can you borrow from your retirement for this adoption? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_* |  |
|  |  |  |  |  |  |
| *Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
|  |  |  |
| *Can you borrow against your home for this adoption? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_*  |  |
|  |  |  |  |  |  |
| *Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
|  |  |  |
| *Will you receive any employer reimbursements before or after the adoption is complete?* |  |  |
|  |  |  |  |  |  |
|  *Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ Before \_\_\_\_\_\_\_ After \_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |

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| **A Child Waits Foundation International Grant Application** |
|  **Monthly Budget** |
| Name: |   |   |   |  | Date: |   |   |   |
|  |  |  |  |  |  |  |  |  |
| **Monthly Take Home – Income after Taxes** |  |  |  |  |
|  | Adoptive Parent 1 |  |  |   |   |  |  |
|  | Adoptive Parent 2 |  |  |   |   |  |  |
|  | Child Support/Foster Care/Adoption Stipends |   |   |  |  |
|  | Bonus |  |  |  |   |   |  |  |
|  | Other (social security, disability, retirement, military, etc.) |   |   |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | 1. Total Monthly Income | $ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |
| **Monthly Household Expenses:** |  |  |  |  |  |  |
|  | Mortgage/Rent |  |  |  |   |   |  |  |
|  | Home Equity Loan |  |  |   |   |  |  |
|  | Utilities/Internet |  |  |   |   |  |  |
|  | Insurance (house, life, medical, etc.) |  |   |   |  |  |
|  | Groceries/Personal Care Items |  |   |   |  |  |
|  | Medical/Prescription Expenses |  |   |   |  |  |
|  | Clothing |  |  |  |   |   |  |  |
|  | Parent/Child Educational Exp. |  |   |   |  |  |
|  | Entertainment/Extracurricular |  |   |   |  |  |
|  | Car Expenses/Auto Loan Payment |  |   |   |  |  |
|  | Other |  |  |  |   |   |  |  |
|  | Other |  |  |  |   |   |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | 2. Total Expenses |  | $ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |
| **Loans and Credit Cards - Exclude Expenses Already Listed Above:** |  |  |
|  |  |  |  |  |  |  |  |  |
| Name of Bank/Lender | Current Balance | Monthly Payment |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| 3. Total Loans and Credit Cards | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Monthly Income (Enter amount from line 1) |  |  | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 5. Grand Total Monthly Exp. (Add lines 2 & 3) |  | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |  |  |  |  |
| 6. Money Left After Paying Bills (Subtract line 5 from line 4) |  | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **A Child Waits Foundation International Grant Application** |
|  **Adoption Expenses** |
| Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Type of Expense** | **Total Cost** | **Amount Paid** |
|  Fees Paid to Agency |  |  |
|  Foreign/International Program Fee |  |  |
|  Home Study/Updates and Related Fees |  |  |
|  USCIS and Translation Fees |   |   |
|  Notarization/Authentication |   |   |
|  Dossier and Apostille Fees |   |   |
|  Passports/Visas |  |  |
|  1st Trip Airline Tickets - Parents |   |   |
|  1st Trip Airline Tickets - Other Travelers |  |  |
|  1st Trip In-Country Expenses: Food & Lodging |  |  |
|  1st Trip In-Country: Travel/Transportation |  |  |
|  In-Country: Legal Fees |  |  |
|  Airline Tickets - Child to be Adopted |  |  |
|  Child's Visas and Medical |  |  |
|  Orphanage Donation/Humanitarian Aid |  |  |
|  Mailing and Courier Fees |  |  |
|  Additional 3rd Party Fees: Amount & Fee Type |  |  |
|  Post Placement Fees Paid Before Placement |  |  |
|  Post Placement Fees Due After Placement |  |  |
|  Other - Please Explain |  |  |
|  Other  |  |  |
|  Other |  |  |
|  Other |  |  |
|  Other |  |  |
|  **Total Cost of Adoption:** |   | **Total Paid:** |
|   |   |   |   |   |   |   |
| **If Applicable - Provide Estimates for In-County Expenses for Additional Trips** |
|  2nd Trip Airline Tickets - Parents |  |  |
|  2nd Trip Airline Tickets - Other Travelers |  |  |
|  2nd Trip In-Country Expenses: Food & Lodging |   |   |
|  2nd Trip In-Country: Travel/Transportation |  |  |
|  3rd Trip Airline Tickets - Parents |  |  |
|  3rd Trip Airline Tickets – Other Travelers |  |  |
|  3rd Trip In-Country Expenses: Food & Lodging |  |  |
|  3rd Trip In-Country: Travel/Transportation |   |   |
|   | **Total Cost for Travel:** |   | **Total Paid:** |

**A Child Waits Foundation International Grant Application**

**Grants, Fundraising and Donations**

Please list organizations and amounts below and use the back of this form if necessary.

**Grants Awarded**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Foundation or Organization | Amount | Funds Received | Funds Used | Matching Grant |
| 1. | $ | Yes No | Yes No | Yes No |
| 2. | $ | Yes No | Yes No | Yes No |
| 3. | $ | Yes No | Yes No | Yes No |
| 4. | $ | Yes No | Yes No | Yes No |

**Grants Pending**

|  |  |
| --- | --- |
| Foundations or Organization | Current Status |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

**Completed Fundraisers**

|  |  |  |
| --- | --- | --- |
| Type of Fundraising Completed | Amount Raised | Funds Used |
| 1. | $ | Yes No |
| 2. | $ | Yes No |
| 3. | $ | Yes No |
| 4. | $ | Yes No |

**Fundraisers Planned or in Process**

|  |  |  |
| --- | --- | --- |
| Type of Fundraising Planned | Planned or in Process | Amount Projected |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
| 4. |  | $ |

**Donations from Friends, Family or Church**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Amount | Funds Used | Name  | Amount | Funds Used |
| 1. | $ | Yes No | 5. | $ | Yes No |
| 2. | $ | Yes No | 6. | $ | Yes No |
| 3. | $ | Yes No | 7. | $ | Yes No |
| 4. | $ | Yes No | 8. | $ | Yes No |

List any social media, blogs, fundraising or crowdfunding sites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you used loans/credit cards to pay adoption costs? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_

**A Child Waits Foundation International Grant Application**

**Consent Form**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (adoptive parent) and I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (adoptive parent)

 please print name please print name

1. Give our adoption agency, social worker or other adoption professionals permission to speak with and share verbal or written information pertaining to our adoption with A Child Waits Foundation.
2. Understand that any false or misleading answers on the application or subsequent documents will be grounds to decline approval or revoke a grant that has already been approved.
3. For the benefit of A Child Waits Foundation’s Board of Directors, if given a grant, we agree to provide our adoption summary and photographs once our adoption is complete.

Yes\_\_\_\_\_ No\_\_\_\_\_

1. Once the adoption process is complete, we give A Child Waits Foundation the right to use our adoption summary and/or photos and images of our family on their website, and/or printed material, with the purpose of helping other families who are adopting. Unless additional written permission is given, A Child Waits will not use names, city, state or other identifying information.

Yes\_\_\_\_\_ No\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoptive Parent

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoptive Parent