



## Adoption Grant Application

Husband's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Wife's Full Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Husband's Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Wife's Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

1. Name(s) and Ages of Children in Family:

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

2. Have You Adopted Previously?      Yes      No

3. Current Adoption Agency/Attorney Name \_\_\_\_\_

4. Do You Have a Child Already Identified For This Adoption?      Yes      No

5. Domestic Adoption \_\_\_\_\_ International Adoption \_\_\_\_\_

6. Is Your Dossier Completed? (*if International*)      Yes      No

7. Church Name \_\_\_\_\_ Member?      Yes      No

8. May We Contact Your Pastor?      Yes      No

Pastor's Name \_\_\_\_\_ Church Phone Number \_\_\_\_\_

9. Do You Have Any Financial Considerations or Circumstances We Should Be Aware of:

\_\_\_\_\_



## Adoption Grant Application

### Qualifications For Applying

- i. Applicants' combined income must not exceed \$120,000 annually.
- ii. Applicants must be active in the adoption process with a 501c3 Adoption Agency or Attorney.
- iii. Adoption placement cannot occur prior to the application deadline; however, if placement occurs before the award date – the applicants still qualify.
- iv. Home Study must be completed and current.
- v. Both parents must be US citizens.
- vi. Married and single applicants can apply.
- vii. Applicants must agree to an interview if requested. (*Skype, Conference Call*)

### Required Documents

- i. Personal Testimony *\*Not to exceed one page each*
- ii. Motivation For Adoption *\*Not to exceed one page*
- iii. Parenting Philosophy *\*Not to exceed one page*
- iv. Copy of Completed Home Study
- v. Copy of Projected Costs for Adoption
- vi. Copy of IRS Tax Filing-1040 (last two years)
- vii. References *\* See attached reference forms*
  - Pastor
  - Adoption Agency/Case Worker/Attorney
  - Personal Reference
- viii. Family Photo
- ix. Signed Professional Release Form (Video/Photography) *\*See attached release form*



## Adoption Grant Application

### Submission Process:

- i. Print the application document. Any questions or comments can be emailed to: [batagrants@beautyamidsttheashes.com](mailto:batagrants@beautyamidsttheashes.com)
- ii. Complete all the forms/questions and gather required documents.
- iii. Distribute the three reference forms to your selected individuals.
- iv. Application packet must be postmarked by April 30, 2024.
- v. Send completed application packet by mailing to the following address:

**Beauty Amidst The Ashes, Inc.**

Attn: Adoption Grant Fund  
PO Box 335  
Newell, IA 50568

### Selection Process:

- i. Completed applications will be reviewed by the selection committee.
- ii. Applicants will participate in an interview if requested.

### Notification Process:

- i. Applicants will receive an email notification when application is received.
- ii. Applicants will receive an email regarding status of application in review.
- iii. Applicants will be notified if an interview is requested by selection committee.
- iv. The Grant recipient will be notified by letter by USPS.
- v. All other applicants will be notified of decision with letter by USPS.
- vi. The Grant funds will be mailed directly to the Adoption Agency/Attorney in the recipient's name.



## Adoption Grant Application

### Pastor Reference

Name of Family Applying For Grant: \_\_\_\_\_

*Thank you for completing a reference form on behalf of the family. All references are confidential. Please return by mail to the address below by April 30, 2024.*

Pastor's Name \_\_\_\_\_ Church \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Church Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

1. How long have you known the family?
2. Please describe the family's church involvement.
3. How do you feel about the family's decision to adopt?
4. Additional comments.

**Beauty Amidst The Ashes, Inc.**  
Attn: Adoption Grant Reference  
PO Box 335  
Newell, IA 50568

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Adoption Grant Application

### Adoption Agency Case Worker/Attorney

Name of Family Applying For Grant: \_\_\_\_\_

*Thank you for completing a reference form on behalf of the family. All references are confidential. Please return by mail to the address below by April 30, 2024.*

Name \_\_\_\_\_ Agency/Office \_\_\_\_\_

Agency/Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

1. Describe your history with the family.
2. Please describe the family's involvement in the adoption process.
3. Additional comments.

**Beauty Amidst The Ashes, Inc.**  
Attn: Adoption Grant Reference  
PO Box 335  
Newell, IA 50568

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Adoption Grant Application

### Personal Reference

Name of Family Applying For Grant: \_\_\_\_\_

*Thank you for completing a reference form on behalf of the family. All references are confidential. Please return by mail to the address below by April 30, 2024.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

1. How long have you known the family?
2. What three words would you use to describe the family?
3. Do you have any reason(s) why this family should not adopt?
4. Additional comments.

**Beauty Amidst The Ashes, Inc.**  
Attn: Adoption Grant Reference  
PO Box 335  
Newell, IA 50568

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Adoption Grant Application

### Beauty Amidst The Ashes, Inc.

#### Professional Release Form

I (we) \_\_\_\_\_/ \_\_\_\_\_ give permission for Beauty Amidst The Ashes, Inc. (BATA) to use any photographs or audio/visual recording of the individuals listed below for marketing/promotional or educational resource purposes. I (we) understand that as a non-profit ministry, Beauty Amidst The Ashes, Inc. will potentially use my (our) photographs or audio/visual recordings online or in printed materials. BATA retains all rights to the use of the photographs or audio/visual recordings for organizational purposes.

1. \_\_\_\_\_
2. \_\_\_\_\_

#### Individual(s) or Organization Representative:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### BATA Representative:

Signature \_\_\_\_\_ Date \_\_\_\_\_