



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 _____

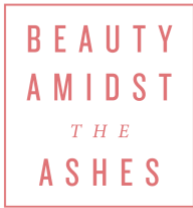
6. Is Your Dossier Completed? (*if International*) Yes No

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:



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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: batagrant@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 August 31, 2025.
- 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.



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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 August 31, 2025.

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.

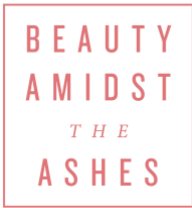
Attn: Adoption Grant Reference

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 August 31, 2025.

Name _____ Agency/Office _____

Agency/Office Address _____

City _____ State _____ Zip Code _____

Phone Number _____

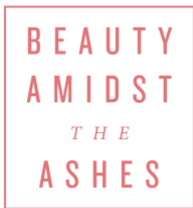
Email Address _____

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 August 31, 2025.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

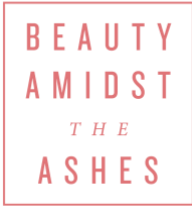
Email Address _____

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



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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 _____