

Ibsen Adoption Network Grant Application

Husband Name _____ Date of Birth _____

Wife Name _____ Date of Birth _____

Permanent Address _____

City _____ State _____ Zip _____ Phone _____

Work Phone _____ Cell Phone _____

Years Married _____ Church Affiliation _____

Years of Education Completed: Husband _____ Wife _____

Number of Adopted Children _____ Number of Biological Children _____

Ages of Children _____

Number and ages of others residing in household _____

Employer _____ How Long _____ Gross monthly _____

Spouse Employer _____ How Long _____ Gross monthly _____

Other monthly income (child support, SSI, Foster Care, Investments, etc.) _____

<u>ASSETS</u>	<u>VALUE</u>	<u>LIABILITIES</u>	<u>AMT OWING</u>
Home _____		Home _____	
Auto _____		Auto _____	
Auto _____		Auto _____	
Bank Accts. _____		Credit Cards _____	
Retirement _____		Loans _____	
Other _____		Other _____	

How did you learn of Ibsen Adoption Network? _____

Identify other potential or actual financial support you expect to help with this adoption.

Name of Adoption Agency _____

Home Study Approved by _____ Date _____

Total Estimated Cost of your Adoption including Travel _____

Breakdown of Costs (Home Study, Agency Fees, etc.) _____

Number of children adopting _____ Name(s) _____

Age(s) _____ Race _____ Where is the child currently living? _____

Identify any known emotional or medical issues facing this child. _____

Submit at least a two paragraph synopsis of why you feel you qualify for these funds.

Submit TWO letters of recommendation.

I certify that all the above information I have provided in this application is true to the best of my knowledge.

Signature _____ Signature _____

Date _____

Would you be willing to share information regarding Ibsen Adoption Network at your church or other community organizations? Yes No

Would you be able to reimburse these funds at a later date? Yes No