

Office Use Only:

Date of submission: _____

Interview Date: _____

Board Review Date: _____



Application for Financial Assistance

Date: _____

General Information

Prospective Father's Name: _____ DOB: _____

Prospective Mother's Name: _____ DOB: _____

Address: _____

Home Telephone : _____ Alternate Phone : _____

E-Mail Address: _____

Personal Information

Date of Marriage: _____

Have either parent been married before? _____

If so, please explain: _____

Number of dependent children in immediate family? _____

Have you adopted before? _____ If so, how many: _____

When? _____ Where? _____

Employment Information

Prospective Father's Employer: _____

Employer's Address: _____

Job Title: _____ Years of Employment: _____

Annual Salary: _____

Prospective Mother's Employer: _____

Employer's Address: _____

Job Title: _____ Years of Employment: _____

Annual Salary: _____

Financial Information

Net Worth of Investments (retirement, marketable accounts, real estate, etc.)

Net Worth of Business/Estate: _____

Do you rent or own your living accommodations: Rent Own

Current total of Savings/Checking/Cash Accounts: _____

Total credit debt monthly: _____

Estimated adoption costs: _____

Remaining adoption balance unpaid: _____

Are there any special circumstances or information that needs to be taken into consideration when evaluating the Financial Information? (Please explain in detail)

Church Information

Church Name: _____

Address: _____

Phone : _____ Years in Attendance: _____

Sr. Pastor's Name: _____ Are you a member? _____

Do you volunteer in ministry? (If yes, tell which ones) _____

Are you involved in a small group? _____

Leaders Name: _____ Leader's Phone: _____

Does your church have an adoption/orphan ministry? _____

Have you ever been on an international mission trip? _____

If yes, briefly explain where you went and your experience or involvement:

Father's Testimony of Faith:

Are there any special considerations you would like us to know about when evaluating your application?

What other means are you using to pay for this adoption? (please be specific)

Have you applied to other Grant Agencies? _____

If yes, Agency Name(s): _____

Agency Phone : _____

Amount Provided: _____

Any other questions you would like to talk to us about before processing your application?

For any questions or concerns, please contact:
Elizabeth Holmes, Director of Operations
20472 Crescent Bay Suite 100
Lake Forest, Ca 92630
Tel. 949.600.52525
Elizabeth@hadassahshope.org