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South Boston, VA 24592  
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## **Seecaas Hope For Adoption Foundation Grant Application**

**The Seecaas Hope For Adoption Foundation is a foundation that helps couples/individuals with the cost of their adoption by awarding funds to qualified applicants. The Seecaas Hope for Adoption Foundation supports domestic, international and foster care adoptions. There is no fee for applicants to apply. All applicants are welcome, but due to limited funding, we cannot award grants to all qualified applicants.**

### **YOU MUST MEET THE FOLLOWING CRITERIA IN ORDER TO APPLY FOR A GRANT:**

- **You must be a U.S. resident.**
- **You must have a valid home study.**

**Please fill out each question completely.** The following must be included with your application.  
("Required Documentation")

- ☐ A photocopy of your valid home study from a licensed and accredited adoption agency
  - ☐ Typed personal statement
  - ☐ A current family photo

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Date: \_\_\_\_\_

Applicant #1

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home/Cell Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed Since: \_\_\_\_\_ Gross Salary: \_\_\_\_\_ Net Salary: \_\_\_\_\_

Applicant #2

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home/Cell Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed Since: \_\_\_\_\_ Gross Salary: \_\_\_\_\_ Net Salary: \_\_\_\_\_

Current Dependents :

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Home Study Completion: \_\_\_\_\_

Have you ever adopted before: \_\_\_\_\_ ( If Yes, When? ) \_\_\_\_\_

Is anyone in your immediate family adopted, an adoptive parent or connected with adoption in any way?  
(If yes, please explain.) :

\_\_\_\_\_

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If you are adopting domestically, what state are you adopting from (if known)? \_\_\_\_\_

If you are adopting internationally, what country are you adopting from (if known)? \_\_\_\_\_

Number of children you are adopting? \_\_\_\_\_

Are you adopting a child with special needs? \_\_\_\_\_

Are you adopting a sibling group? \_\_\_\_\_

Have you been matched with a child/children? \_\_\_\_\_

Adoption Agency Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Case Worker: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are there any special financial considerations or circumstances we should be aware of:

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Are you applying for any other grants, loans or financial assistance? If yes, please explain and give amounts.

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Have you received any of the above grants? \_\_\_\_\_

How did you hear about the Seecaas Hope For Adoption Foundation?

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PERSONAL STATEMENT: Please answer the questions below in a typed personal statement (limit 2000 words or less).

1. What has inspired you to build your family through adoption?
2. Are there any needs/special considerations you would like the selection committee to know about?
3. If applicable, please explain your experience with adoption.

## **Adoption Costs**

### **Expenses**

Agency Fees: \_\_\_\_\_

Child's Medical Expenses: \_\_\_\_\_

Foreign Program Fee: \_\_\_\_\_

Birthmom Expenses: \_\_\_\_\_

Home Study Fee: \_\_\_\_\_

INS Fees (International adoptions only) : \_\_\_\_\_

Educational Fees: \_\_\_\_\_

Legal Fees: \_\_\_\_\_

Travel Fees: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Total Adoption Cost: \$** \_\_\_\_\_

### **Available Resources to Cover Adoption Costs**

Personal Funds ( Savings/Checking etc. ): \_\_\_\_\_

Employer Benefits ( if applicable) : \_\_\_\_\_

Home Equity Line: \_\_\_\_\_

Fundraising: \_\_\_\_\_

Additional Grant/Loans: \_\_\_\_\_

Other source of Funds ( Please specify) \_\_\_\_\_

Total Estimated Resources: \$ \_\_\_\_\_

**Deficit**

(Total Resources - Total Cost)

\$ \_\_\_\_\_

## **Statement of Net Worth**

### **Assets**

Cash: \$ \_\_\_\_\_

Checking Account:\$ \_\_\_\_\_

Savings Account(s): \$ \_\_\_\_\_

Investment Account(s) ( other than retirement) : \$ \_\_\_\_\_

Life Insurance Cash Surrender Value ( not death benefit) : \$ \_\_\_\_\_

Retirement Account(s): \$ \_\_\_\_\_

Value of Autos: \$ \_\_\_\_\_

Value of Home ( if owned): \$ \_\_\_\_\_

Value of other items you own ( not listed above) :

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Assets: \$ \_\_\_\_\_**

### **Liabilities**

Outstanding Credit Card Balance: \$ \_\_\_\_\_

Auto Loan Balance: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total Liabilities: \$ \_\_\_\_\_**

### **Net Worth**

(Assets - Liabilities) \$ \_\_\_\_\_



## CASH FLOW

### Income

Gross Salary/Wage: \$ \_\_\_\_\_

Investment Income: \$ \_\_\_\_\_

Other Income (write description) : \$ \_\_\_\_\_

\_\_\_\_\_

**Total Income : \$ \_\_\_\_\_**

### Expenses/Payments

Housing Costs: \$ \_\_\_\_\_

Mortgage/Rent: \$ \_\_\_\_\_

Insurance: \$ \_\_\_\_\_

Car Payment: \$ \_\_\_\_\_

Charitable Contributions: \$ \_\_\_\_\_

Other Debt repayment (write description) :

\_\_\_\_\_

\_\_\_\_\_

### Total Expenses/Payments Cash Flow

(Total Income - Total Expenses/Payments) : \$ \_\_\_\_\_

## Selection Process Policies

- **Grants are awarded 2 times a year ( Dates are Subject to Change) First grant will be awarded Nov. 2019. 2<sup>nd</sup> Grant Will be awarded in May.**
- **The amount of each grant and the number of adoption grants awarded depends on the funds available at the time of the selection process meeting.**
- **Applications must be postmarked by:**

November Grant Awards - postmarked by October 1st

May Grant Awards- postmarked by April 1st

- Applicants must include a photocopy of their valid home study and as well as their typed personal statement and a photo of their current family.
- **Family members and close personal friends of the Seecaas Hope for Adoption Board of Directors** are prohibited from applying for grants.
- The Seecaas Hope for Adoption Hope Foundation Co-Founders will review all applications that include all of the Required Documentation. Those applications that are selected by the Co-Founders for further consideration will be presented to and reviewed by the Board of Directors for final selection.
- November grant applicants will be notified by November 30<sup>th</sup> and May grant applicants will be notified by May 31<sup>st</sup>.
- All applicants will receive notification via email. Grant recipients will be notified by email and phone.
- The Board of Directors will make final decisions based on a case-by-case review of the information provided in both the application and personal statement.
- **Grants will be awarded in varying amounts.** Checks in the awarded amount will be written out and mailed directly to the grant recipient's adoption service provider(s).
- **Grants must be utilized within 18 months of the awarded date.** If recipient does not use the money for the approved purposes specified by the Seecaas Hope for Adoption Foundation within 18 months of the date the grant is awarded, then the grant may be withdrawn and the funds may be redistributed to other applicants in the next grant cycle. By accepting the awarded grant funds, the recipient of the grant agrees that he/she will use the funds for the intended purpose, and that if Seecaas Hope for Adoption Foundation learns that the grant funds have not been used for their intended purpose, Seecaas Hope for Adoption Foundation has the right, at its own discretion, to stop making future grant payments and to demand the repayment or recovery of past grant payments.
- Grant funds cannot be applied toward travel expenses of the recipient or its adoption service providers.
- If at any time the recipient terminates adoption plans (*for example: due to natural pregnancy, divorce, etc.*) the remaining grant money will be forfeited and be returned to Seecaas Hope for Adoption Foundation for future distribution.
- Seecaas Hope For Adoption Foundation makes no representations regarding whether any awarded grant funds are subject to federal, state, local or any other tax. Grant recipients are encouraged to speak to their tax advisors regarding the tax status of the grant funds.
- Completed applications must be received **prior to the placement of a child in your home.**
- Seecaas Hope for Adoption Foundation **will not provide grant funds for finalized adoptions.**

- **All U.S. Citizens can apply .** Qualified applicants will not be judged based on marital status, race, religion, sexual orientation, age, gender, family characteristics, or any other legally protected class or income.
- It is at the **sole** discretion of the Seecaas Hope for Adoption Foundation to determine which invoices will be paid using the grant funds.

*Disclaimer: Consequently, neither the foundation nor its officers and directors represent that all applicants will receive funding from Seecaas Hope for Adoption Foundation. . All grants are awarded at the sole discretion of the Board of Directors.*

## Consent Form

### Purpose:

The undersigned agrees that this application is being made for the purpose of obtaining assistance with international or domestic adoptions. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of the Seecaas Hope for Adoption Foundation that assistance will be granted or given.

### Authorization and Release

The undersigned hereby authorizes any officer or director of the Seecaas Hope for Adoption Foundation to obtain financial and personal information from any institution or individuals including but not limited to those individuals and institutions listed as references and made a part of this application.

Adoption Agency and Case Worker: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Limit of Liability

The undersigned acknowledges that the Seecaas Hope for Adoption Foundation has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that the Seecaas Hope for Adoption Foundation shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds the Seecaas Hope for Adoption Foundation harmless from any liability of any type of nature as a result of allowing the undersigned to submit this application.

### Permission

The undersigned gives the Seecaas Hope for Adoption Foundation permission to use their story and/or photographs on the Seecaas Hope for Adoption Foundation's website, social media, and/or printed material, with the purpose of helping families to adopt children. ( Your answer does not have an effect on financial assistance. )

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

## **Attachments**

- Copy of Homestudy - Please send a copy of your completed homestudy from your adoption agency.
- Typed personal statement
- Current family photo

**We are providing this information to the Seecaas Hope for Adoption Foundation for their internal and confidential use. All information contained in this application is accurate to the best of our knowledge.**

**Applicant #1:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant #2:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit Application to: Seecaas Hope for Adoption Foundation 1015 Wilborn Ave. South  
Boston, VA 24592**