

Grant Application Instructions

Project Hope Ministries provides matching grants to Christian families that adopt older, special needs, or sibling groups from Colombia. The purpose of the match is to help encourage your friends, family, and church to give to your adoption.

Families should wait to apply until a specific child or children have been identified. If you are selected to receive a grant, funds will not be given until an official referral has been given.

Send the following items to PHM. There are 4 application deadlines throughout the year: *January 31, April 30, July 31, and October 31.*

- Grant Application
- Family Photo
- Photo of Child to be Adopted
- Additional Documents:
 - First page of your 2 most recent Federal Tax Returns
 - Your personal testimony (one per parent)
 - Your adoption story
 - Biggest challenge as an adoptive family
- Recommendations:
 - From your placing agency (Fill out and give attached form to your agency and have them return it directly to Project Hope.)
 - From your pastor (Fill out and give attached form to your pastor to return directly to Project Hope.)

Matching Grant Application



Family Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Adoption Agency _____ Phone Number _____

Child(ren) you are adopting: _____

From what orphanage? _____

Age of child(ren): _____

Please list any special needs: _____

Is this your first adoption? Yes No

If no, please list other adoptions below:

<i>Year Completed</i>	<i>International/Domestic</i>	<i>Number of Children</i>
_____	_____	_____
_____	_____	_____

Other Information:

If your family will be keeping a blog during the adoption process, are you willing to:

share it with us at Project Hope? Yes No

have it be posted to the Project Hope website? Yes No

If you answered yes to either question, please write your blog address here:

Can PHM include your family picture in our newsletter? Yes No

Can PHM include your family picture on our website? Yes No

Financial Information:

Please attach the top page of your last two years of federal tax returns.

What is your monthly income? _____

What are your total monthly expenses? _____

Please list monthly expenses below:

<u>Expense:</u>	<u>Amount:</u>
Giving	\$ _____
House (rent, mortgage, utilities)	\$ _____
Transportation (vehicles, gas, insurance)	\$ _____
Food	\$ _____
Payment on debt (other than home)	\$ _____
Other expenses (please list)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please list your assets:

Amount in checking/savings: \$ _____

Value of vehicles: \$ _____

Value of other assets: \$ _____

Are there any special circumstances we should be aware of?

Church Affiliation:

How often do you attend church? Weekly Bi-Weekly Monthly Less than Monthly

What church do you attend? _____

Church Address _____

Church Phone Number _____ Pastor _____

What ministries are you currently involved in?

Please also include the following:

- Your personal testimony – Describe how and when you became a Christian, along with what that means to you in your daily life (one per parent).
- Your adoption story – How did you come to the decision to adopt? What led you to this specific child?
- What do you think your biggest challenge will be as adoptive parents?

Pastoral Reference Form

Dear Pastor,

A family in your congregation has applied for an adoption grant from Project Hope Ministries. Please answer the questions below as clearly as possible. If you have any questions, you can contact us directly.

Our desire is to help fund adoptions for Christian families. With this in mind, we ask that you fill out the form and mail it back directly to Project Hope. All replies will be held in strictest confidence. Because our decision to award grants is based in part on your recommendation, **we ask you to give us as detailed an answer as possible.** The family's grant application will not be complete until this form has been received. Thank you.

Jason & Sara Cleland
Project Hope Ministries
195 Bradley Street
Battle Creek, MI 49017
(269) 274-1361 (Sara)
sara.cleland@gmail.com

Family Name _____

Name of Reference _____

Church Name _____

Church Address _____ City _____

State _____ Zip _____ Phone (____) _____

E-mail _____

How long have you known the applicant? Years _____ Months _____

How often do they attend church? Weekly Bi-Weekly Monthly Less than Monthly

What ministries are they involved in, and for how long?

Rate the applicants in the following areas using the scale below. (1 being the lowest and 5 being the highest.)

Work ethic	1 2 3 4 5	Ability to cope with stress	1 2 3 4 5
Emotional stability	1 2 3 4 5	Punctuality	1 2 3 4 5
Spiritual maturity	1 2 3 4 5	Church Involvement	1 2 3 4 5
Financial responsibility	1 2 3 4 5		

If you gave a 3 or below for any area please explain:

Would you trust this person to lead someone to the Lord? YES NO Why or why not?

Do you believe that this family is prepared to adopt (emotionally, physically, and spiritually)?

Do you believe that this family is a good candidate for a grant? Why or why not?

To your knowledge, has this family done their best to raise funds for their adoption process?

Does your church currently have an adoption ministry?

Would you be interested in learning more about ways that your congregation can support this family throughout the adoption process and once they return home?

Yes

No

Signature _____ Date _____

Agency Reference Form

Dear Adoption Worker,

A family you are working with has applied for an adoption grant from Project Hope Ministries. Please answer the questions below as clearly as possible. If you have any questions, you can contact us directly.

Our desire is to help fund adoptions for Christian families. With this in mind, we ask that you fill out the form and mail it back directly to Project Hope. The family's grant application will not be complete until this form has been received. Thank you.

Jason & Sara Cleland
Project Hope Ministries
195 Bradley Street
Battle Creek, MI 49017
(269) 274-1361 (Sara)
sara.cleland@gmail.com

Family Name _____

Name of Reference _____

Agency Name _____

Agency Address _____ City _____

State _____ Zip _____ Phone (____) _____

Reference E-mail _____

Does the family have a completed home study? Yes No

Has the family received an official referral? Yes No

If they have not yet received a referral, do they have a specific child(ren) that they are pursuing, and have they been pre-approved by ICBF or an adoption house? Yes No

Has this family been open to learning about adoption issues? Yes No

To your knowledge, is this a Christian family? Yes No