



Madison Adoption Associates

Brittany's Hope Adoption Grant Program **Application Form**

*Madison Adoption Associates is an affiliate agency of
Brittany's Hope who administers this Adoption Grant Program.
Please read the information available at www.BrittanysHope.org*

The Purpose of the Brittany's Hope Adoption Grant Program

The Adoption Grant Program was created to help offset the financial barriers of an international adoption of a child or children with special needs. We ask the grant recipient families to raise funds equal to one-half (1/2) of their total grant amount, to help bring the **next child** home. All fund raised through the grant recipient families' fundraising efforts go toward Brittany's Hope "Adoption Grant Program" and not specifically to one family.

Each grant recipient family is asked to "pay it forward" - just as previous grant recipient families have assisted them in bringing their child or children home by acquiring donations and spreading awareness about Brittany's Hope for the **next family**. In this way, Brittany's Hope is able to make their program self-sustaining. 100% of all donations received go toward helping children with special needs. When a grant recipient family chooses to go "above and beyond" what is required in their grant fundraising efforts, those funds will go toward the Adoption Grant Program to continue to bring children home to loving families.

- **Madison Adoption Associates is allotted a limited amount of funds to award to adoptive families through the Adoption Grant Program.**
- **The minimum grant amount that can be awarded is \$3000.**
- **Disbursement of the full grant amount will occur after your family has finalized travel dates to bring your child home. Families should not necessarily rely on these funds to pay travel costs for their adoption. The turn-around time to process the grant and send the grant check to the family could be 2-3 weeks.**

Date of Application: _____

Adoptive Family: _____

☐ **We have read the information on Brittany's Hope website and understand our obligations, including post-adoption obligations, if we request an Adoption Grant.**

Adoptive Father: _____

Signature

Adoptive Mother: _____

Signature

Amount of Adoption Grant Request: \$ _____

Fundraising Goal (50% of Gift Request): \$ _____

Society Office Complex
1102 Society Drive
Claymont, DE 19703



Phone: 302-475-8977
Fax: 302-529-1976
MadisonAdoption.org

Madison Adoption Associates

Family Information

Home Phone: _____

Email Address: _____

No. of Children at Home: _____

Name of Child(ren) being adopted: _____

Expected Adoption Travel (month & year): _____

Families must be at least 2 months away from finalized adoption travel at the time the Grant is awarded.

Fundraising Plan

Please describe in detail your plans for reaching the Fundraising Goal:

Fundraising Plan (event, donations, etc.)	Fund Goal
	\$
	\$
	\$
	\$

Have you been approved by any bank, agency, church or foundation for financial help with this adoption? No ☐ Yes ☐ (If yes, please complete information below)

<u>Name</u>	<u>Amount</u>

Have you applied for any other grants or financial assistance for this adoption which are still pending a response? No ☐ Yes ☐ (If yes, please complete information below)

<u>Name</u>	<u>Amount Requested</u>

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Are family and friends providing financial help with this adoption? No ☐ Yes ☐ (If yes, please complete information below)

<u>Name</u>	<u>Amount</u>

Factors to be considered in receiving an Adoption Grant from Brittany's Hope (family hardship, financial circumstances, waiting child needs, etc.):

Please use additional paper if needed for any information on this Application Form.

Note: Families should only apply for this Grant if they are committed to fundraising for their adoption. Failure of a recipient family to follow through with raising one-half of their awarded grant amount denies the Brittany's Hope funding to another family and another waiting child.

"A Goal without a Plan is just a Wish"

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FINANCIAL INFORMATION

Applicant's names: _____

	Annual Work Income – <i>current year</i>	Other Annual Income – <i>current year</i>	Annual Work Income – <i>previous year</i>	Other Annual Income – <i>previous year</i>
Husband				
Wife				
TOTAL:				

NET WORTH: \$ _____

I/We attest that the above financial information is an accurate summary.

Signature

Signature

Date

Date