

SACRED SELECTIONS IS COMMITTED TO PROVIDING THE FINANCIAL MEANS SO THAT CHILDREN CAN FIND THEIR “PLACE AT YOUR TABLE” IN A LOVING CHRISTIAN “FOREVER” HOME THROUGH THE PROCESS OF ADOPTION

DEAR:

SACRED SELECTIONS is very pleased with your decision to open your hearts and home for the life and future of a child. We also appreciate your request for financial assistance by working with SACRED SELECTIONS to bring a child home… to your home.

This introduction is intended to help begin our discussions on how we can proceed to complete your grant request. At any time during this process you have questions or run into some difficulties completing the grant application, please do not hesitate to contact us by phone or email. PHONE 916-770-0336 EMAIL info@sacredselections.org

Please complete ALL the requested application information, forms, home-study and background checks. Only **FULLY COMPLETED GRANT APPLICATIONS** will be reviewed and approved by the board. The board understands the sensitive and confidential nature of the material you are submitting. All information is ONLY shared with / reviewed by the foundation board.

The board meets quarterly [every three months] to review GRANT APPLICATIONS. Under certain “URGENT” adoption circumstances, the board can meet to approve the grant and the grant amount. If the application is missing information we may not be able to approve the grant or in time needed for the adoption to take place. You will be notified by telephone within 1-2 weeks after your grant is reviewed by the board.

The grant application review and approval is essentially a two or three step process.

STEP ONE – GRANT REVIEW and APPROVAL

STEP TWO – GRANT AMOUNT DETERMINED

STEP THREE – GRANT FUNDING

IMPORTANT NOTE: SACRED SELECTIONS has CLEAR and CONCISE CRITERIA – GUIDELINES that we use to approve grants. Please carefully review the GRANT CRITERIA PAGE, sign it and return this page along with your application. Again if you have questions on our GRANT CRITERIA please contact us. We are happy to discuss.

The board genuinely anticipates and appreciates your agreement to and compliance with our grant criteria and application policies and procedures. They are intended to be transparent, clear and fair. We sincerely intend to ***“do honorable things in honorable ways before God and man.”***

Your integrity and the quality of your character adds to the reputation of our foundation, Sacred Selections families and success of our mission to provide good Christian homes for children in need. You will be standing on the foundation of many who have gone before you and likewise you will become a significant part of the house being built on that foundation.

The board wishes you all the best on your adoption journey. This is a good and wonderful work. Your signatures below indicate you have read this INTRODUCTION page and agree to comply with our policies and procedures with respect to the grant application processes.

Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE HUSBAND SIGNATURE WIFE

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SACRED SELECTIONS - PERSONAL INFORMATION

|  |  |
| --- | --- |
| HUSBAND’S NAME | WIFE’S NAME |
|  |  |

|  |  |
| --- | --- |
| STREET ADDRESS |  |
| CITY |  |
| STATE |  |
| ZIP CODE |  |

|  |  |
| --- | --- |
| HUSBAND | WIFE |
| PHONE | PHONE |
| EMAIL | EMAIL |

|  |  |  |
| --- | --- | --- |
| EMPLOYMENT INFORMATION | HUSBAND | WIFE |
|  |  |  |
| EMPLOYER NAME |  |  |
| PROFESSION |  |  |
| JOB TITLE OR POSITION |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| FINANCIAL SUMMARY | HUSBAND | WIFE | COMBINED |
|  |  |  |  |
| TOTAL MONTHLY SALARY AND / OR INCOME |  |  |  |
| TOTAL MONTHLY EXPENSES |  |  |  |
| NET MONTHLY INCOME  |  |  |  |

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FINANCIAL INFORMATION ASSETS & LIABILITIES

The Sacred Selections Board depends on your cooperation to completely disclose the information listed below as well as your integrity in its accuracy. Some of the information requested in this summary page will need to be supported by original documents [tax returns, bank statements, payroll information etc.].

Our mission is to help YOU overcome the financial burden – barrier to adopt a child. We also have an ethical duty to our generous donors to ensure that we conduct a clear and fair due diligence process. The goal is to provide in general terms a “NEEDS BASED” approval process for those couples for whom the financial burden and barrier prevents them from adopting.

Your financial information is kept confidential. It is NOT shared with anyone other than the board. We do not request any account numbers or other access information.

|  |
| --- |
| ASSETS AND LIABILITIES |

|  |  |  |  |
| --- | --- | --- | --- |
| ASSETS | AMOUNT | LIABILITIES | AMOUNT |
|  |  |  |  |
| CHECKING [AVE MONTHLY BALANCE] |  | CREDIT CARDS |  |
| SAVINGS |  | AUTO LOANS |  |
| INVESTMENTS [TOTAL-CD’S, MMF, MF’S] |  | STUDENT LOANS |  |
|  IRA’S |  | FAMILY LOANS |  |
|  401K’S |  | INSURANCE LOANS |  |
|  SIMPLE K’S |  | OTHER LOANS |  |
|  SEPS |  |  |  |
|  REAL ESTATE [HOME  VALUE] |  | LOAN AMOUNT |  |
|  OTHER REAL ESTATE [VALUE] |  | LOAN AMOUNT |  |
|  OTHER [NET VALUE] |  | OTHER LIABILITIES  |  |

NOTES: This summary of ASSETS and LIABILITIES in NOT intended to “disqualify” applicants. The board appreciates and supports the concept of good financial planning and stewardship. It does help guide decisions on the level of financial support we can give and how best to “partner” with you on your adoption journey.

AFFIRMATIONS:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [HUSBAND] AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[WIFE] affirm

 [Signature] [Signature]

that the financial information recorded in these documents are complete, accurate and reflect our “typical” current financial status.

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FINANCIAL INFORMATION MONTHLY CASH FLOW

|  |  |  |
| --- | --- | --- |
| INCOME STATEMENT | INCOME / EXPENSE | COMMENTS |
|  |  |  |
| ALL MONTHLY INCOME  |  |  |
| ALL MONTHLY EXPENSES[TOTAL OF LISTED EXPENSES BELOW] |  |  |
|  |  |  |
| FIRST MORTGAGE |  |  |
| SECOND MORTGAGE |  |  |
| RENT |  |  |
| CAR[S] |  |  |
| CREDIT CARDS [COMBINED TOTALS] |  |  |
| STUDENT LOANS |  |  |
| FAMILY LOANS |  |  |
| OTHER LOANS |  |  |
| UTILITIES |  |  |
| PHONES |  |  |
| GAS |  |  |
| HEALTH INSURANCE |  |  |
| LIFE INSURANCE |  |  |
| CAR INSURANCE |  |  |
| HOMEOWNERS INSURANCE |  |  |
| MISC OTHER MONTHLY EXP COMBINED. |  |  |
| OTHER [SPECIFIY UNDER COMMENTS] |  |  |
| OTHER [SPECIFIY UNDER COMMENTS] |  |  |
|  |  |  |
| TOTAL MONTHLY EXPENSES |  |  |
| [SUBTRACT FROM TOTAL MONTHLY INCOME] |  |  |
|  |  |  |
| NET MONTHLY INCOME |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

AFFIRMATIONS:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [HUSBAND] AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[WIFE] affirm

 [Signature] [Signature]

that the financial information recorded in these documents are complete, accurate and reflect our “typical” current financial status.

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CHURCH MEMBERSHIP INFORMATION

|  |
| --- |
| CONGREGATIONAL SUMMARY INFORMATION |

|  |  |  |
| --- | --- | --- |
| CHURCH INFORMATION CATEGORY | INFORMATION | COMMENTS |
|  |  |  |
| CONGREGATION NAME |  |  |
| CONGREGATION STREET ADDRESS |  |  |
| CITY |  |  |
| STATE |  |  |
| ZIP CODE |  |  |
| TELEPHONE |  |  |
| EMAIL |  |  |
| WEBSITE |  |  |
| NUMBER OF ELDERS |  |  |
| NUMBER OF PREACHERS |  |  |
| YEARS OF YOUR MEMBERSHIP |  |  |
|  |  |  |

|  |
| --- |
| CONTACT INFORMATION - ELDERS |

|  |  |  |  |
| --- | --- | --- | --- |
| ELDER | INFORMATION | ELDER | INFORMATION |
| NAME |  | NAME |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY |  | CITY |  |
| STATE |  | STATE |  |
| ZIP CODE |  | ZIP CODE |  |
| TELEPHONE [CELL] |  | TELEPHONE [CELL] |  |
| EMAIL ADDRESS |  | EMAIL ADDRESS |  |
| ELDER |  | ELDER |  |
| NAME |  | NAME |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY |  | CITY |  |
| STATE |  | STATE |  |
| ZIP CODE |  | ZIP CODE |  |
| TELEPHONE [CELL] |  | TELEPHONE [CELL] |  |
| EMAIL ADDRESS |  | EMAIL ADDRESS |  |
| ELDER |  | ELDER |  |
| NAME |  | NAME |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY  |  | CITY |  |
| STATE |  | STATE |  |
| ZIP CODE |  | ZIP CODE |  |
| TELEPHONE [CELL] |  | TELEPHONE [CELL] |  |
| EMAIL ADDRESS |  | EMAIL ADDRESS |  |
|  |  |  |  |

**PLEASE PROVIDE A LETTER OF RECOMMENDATION FOR YOUR ADOPTION PLANS FROM EACH [ALL] ELDERS**

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|  |
| --- |
| CONTACT INFORMATION - ELDERS |
| ELDER | INFORMATION | ELDER | INFORMATION |
| NAME |  | NAME |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY |  | CITY |  |
| STATE |  | STATE |  |
| ZIP CODE |  | ZIP CODE |  |
| TELEPHONE [CELL] |  | TELEPHONE [CELL] |  |
| EMAIL ADDRESS |  | EMAIL ADDRESS |  |
| ELDER |  | ELDER |  |
| NAME |  | NAME |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY |  | CITY |  |
| STATE |  | STATE |  |
| ZIP CODE |  | ZIP CODE |  |
| TELEPHONE [CELL] |  | TELEPHONE [CELL] |  |
| EMAIL ADDRESS |  | EMAIL ADDRESS |  |
| ELDER |  | ELDER |  |
| NAME |  | NAME |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY  |  | CITY |  |
| STATE |  | STATE |  |
| ZIP CODE |  | ZIP CODE |  |
| TELEPHONE [CELL] |  | TELEPHONE [CELL] |  |
| EMAIL ADDRESS |  | EMAIL ADDRESS |  |
|  |  |  |  |
| ELDER | INFORMATION | ELDER | INFORMATION |
| NAME |  | NAME |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY |  | CITY |  |
| STATE |  | STATE |  |
| ZIP CODE |  | ZIP CODE |  |
| TELEPHONE [CELL] |  | TELEPHONE [CELL] |  |
| EMAIL ADDRESS |  | EMAIL ADDRESS |  |
| ELDER |  | ELDER |  |
| NAME |  | NAME |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY |  | CITY |  |
| STATE |  | STATE |  |
| ZIP CODE |  | ZIP CODE |  |
| TELEPHONE [CELL] |  | TELEPHONE [CELL] |  |
| EMAIL ADDRESS |  | EMAIL ADDRESS |  |
| ELDER |  | ELDER |  |
| NAME |  | NAME |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY  |  | CITY |  |
| STATE |  | STATE |  |
| ZIP CODE |  | ZIP CODE |  |
| TELEPHONE [CELL] |  | TELEPHONE [CELL] |  |
| EMAIL ADDRESS |  | EMAIL ADDRESS |  |
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CHURCH MEMBERSHIP INFORMATION

|  |
| --- |
| CONTACT INFORMATION – PREACHER[S] |

|  |  |  |  |
| --- | --- | --- | --- |
| PREACHER | INFORMATION | PREACHER | INFORMATION |
| NAME |  | NAME |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY |  | CITY |  |
| STATE |  | STATE |  |
| ZIP CODE |  | ZIP CODE |  |
| TELEPHONE [CELL] |  | TELEPHONE [CELL] |  |
| EMAIL ADDRESS |  | EMAIL ADDRESS |  |
| PREACHER |  | PREACHER |  |
| NAME |  | NAME |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY |  | CITY |  |
| STATE |  | STATE |  |
| ZIP CODE |  | ZIP CODE |  |
| TELEPHONE [CELL] |  | TELEPHONE [CELL] |  |
| EMAIL ADDRESS |  | EMAIL ADDRESS |  |

FAMILY & FRIENDS CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| FAMILY MEMBER | INFORMATION | FAMILY MEMBER | INFORMATION |
| NAME |  | NAME |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY |  | CITY |  |
| STATE |  | STATE |  |
| ZIP CODE |  | ZIP CODE |  |
| TELEPHONE [CELL] |  | TELEPHONE [CELL] |  |
| EMAIL ADDRESS |  | EMAIL ADDRESS |  |
| FAMILY RELATIONSHIP |  | FAMILY RELATIONSHIP |  |
| FRIEND  |  | FRIEND |  |
| NAME |  | NAME |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY |  | CITY |  |
| STATE |  | STATE |  |
| ZIP CODE |  | ZIP CODE |  |
| TELEPHONE [CELL] |  | TELEPHONE [CELL] |  |
| EMAIL ADDRESS |  | EMAIL ADDRESS |  |

**NOTES: Please provide at least one letter of recommendation from a PREACHER, FAMILY MEMBER and FRIEND.**

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MISC. INFORMATION & APPLICATION CHECKLIST

|  |
| --- |
| **HOMESTUDY INFORMATION** |

|  |  |  |
| --- | --- | --- |
| **REQUESTED INFORMATION** | **ANSWERS** | **COMMENTS/EXPLANATIONS** |
|  |  |  |
| **HOMESTUDY AGENCY NAME** |  |  |
| **AGENCY ADDRESS** |  |  |
| **CITY** |  |  |
| **STATE** |  |  |
| **ZIP CODE** |  |  |
| **TELEPHONE** |  |  |
| **EMAIL ADDRESS** |  |  |
| **WEBSITE [OPTIONAL]** |  |  |
|  |  |  |
| **AGENCY SOCIAL WORKER NAME** |  |  |
| **TELEPHONE** |  |  |
| **EMAIL ADDRESS** |  |  |
|  |  |  |
| **FBI BACKGROUND CHECK INCLUDED?** |  |  |
|  |  |  |
|  |  |  |

APPLICATION PACKAGE CHECK LIST

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICATION ITEM** |  | **APPLICATION ITEM** |  |
|  |  |  |  |
| **PERSONAL INTRO LETTER TO THE BOARD** |  | **FBI / CRIMINAL BACKGROUND CHECK / REPORT** |  |
| **GRANT APP CONSENT FORM [PG 1]** |  | **PHOTO USE CONSENT FORM** |  |
| **GRANT APP PERSONAL INFO [PG2]** |  | **ADOPTION PROFILE [OPTIONAL]** |  |
| **FINANCIAL ASSETS & LIABILITIES [PG3]** |  |  |  |
| **FINANCIAL MONTHLY CASH FLOW [PG4]** |  |  |  |
| **CHURCH & FAMILY FORMS [PG 5-7]** |  |  |  |
| **TWO YEARS TAX RETURNS** |  |  |  |
| **LAST 12 MONTHS OF BANK CHK STATEMENTS** |  |  |  |
| **LAST 6 MONTHS OF PAY STUBS [HUSBAND & WIFE IF BOTH WORKING]** |  |  |  |
| **LETTERS FROM ALL ELDERS** |  |  |  |
| **LETTERS FROM PREACHER [ONE]** |  |  |  |
| **LETTERS FROM 2 FAMILY MEMBERS** |  |  |  |
| **LETTERS FROM 2 FRIENDS** |  |  |  |
| **COMPLETED HOMESTUDY** |  |  |  |

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SACRED SELECTIONS IS COMMITTED TO PROVIDING THE FINANCIAL MEANS SO THAT CHILDREN CAN FIND THEIR “PLACE AT YOUR TABLE” IN A LOVING CHRISTIAN “FOREVER” HOME THROUGH THE PROCESS OF ADOPTION

**DEAR ELDER**

**SACRED SELECTIONS** and the couple indicated below would like to thank you in advance for your assistance helping us evaluate their request for an adoption grant.

This couple has indicated they are members of the congregation you “shepherd”. They have provided us with your name and given permission for you to confirm the representations made to SACRED SELECTIONS in the matters listed below.

The board is requesting an open and honest appraisal of the couple’s character, ethical, moral and spiritual. Likewise an affirmation that in your assessment they will be “Godly” parents is critical. Each family that receives a grant from SACRED SELECTIONS plays a role that builds the reputation of our organization and glorifies our Father. Please include in your letter the context and extent to which you know the applying couple. If there are any concerns you have with the matters listed we trust that they will be addressed first with the couple and then if necessary communicated in some form [written or by phone] to us. The task and responsibility of taking a child into your home is wonderful, significant and serious.

Information and assessment you share in confidence are kept in strictest confidence.

**SACRED SELECTIONS** is a non-profit [public charity] 501c3 California Corporation dedicated to assisting Christian couples in funding some or all of the costs associated with the adoption process. Essentially our funding criteria are based on the following items:

1. A demonstrated financial need for assistance to cover the direct costs of adopting a child or children
2. Have successfully completed a home study in the state where they live. They are qualified to ADOPT.
3. Are members “in good standing” of a **CONSERVATIVE, NON-INSTRUMENTAL, NON-INSTITUTIONAL** church of CHRIST. [Please contact us by phone or email if you would like further clarifications on this]
4. Submitted letters of recommendation by **ALL** of the elders [at the congregation they attend] and/or preacher, two family members and at least two “friends”.

NOTE: CONTACT INFORMATION IF NEEDED CELL 916-770-0336 or 916-531-0622 or info@sacredselections.org

Please feel free to contact us anytime for questions or concerns along these lines or about our grant criteria.

NOTE TO APPLYING COUPLE: YOUR PERSONAL FINANCIAL INFORMATION IS NOT BEING DISCLOSED TO OTHERS AS PART OF THIS RECOMMENDATION PROCESS.

Again, the SACRED SELECTIONS board thanks you for your cooperation and assistance in this matter.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [husband] and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [wife] are

granting permission for SACRED SELECTIONS to contact the persons listed on the CHURCH INFORMATION and FAMILY & FRIENDS CONTACT INFORMATION forms for the purposes described by this letter.

PRINT NAME HUSBAND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME WIFE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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