



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

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			

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			
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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 is 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.

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 [SPECIFY UNDER COMMENTS]		
OTHER [SPECIFY 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.

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

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	

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	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	

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	INFORMATION	FRIEND	INFORMATION
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.



SACRED
SELECTIONS

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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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 _____