Dear Applicants:

As an organization with a heart for adoption, 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 and the candor required to apply. The character and integrity of the families we support adds greatly to the reputation of the foundation as we aim to make it possible for more Christian families to provide a loving home for children in need. Each new family that seeks to adopt stands on the foundation of many who have gone before, and likewise becomes a significant part of the house being built on that foundation. It is a supportive and loving community and we honor your desire to become part of it.

Please do not hesitate to reach out at any time during the process, should you have questions or run into some difficulties completing the grant application. In fact, we love to begin meeting with families before applying so that we can offer resources and information along with supporting you through the application process!

Phone: 615-777-3946

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 of Directors.

Upon receipt, each portion of your application is carefully reviewed by the Chief Executive Officer, Chief Operations Officer, and members of the Board of Directors. All must agree that everything is in order and all grant criteria have been met. We will reach out to references you provide including friends, family, and church leadership as part of our review. However, the board understands the sensitive and confidential nature of the material you are submitting. All information is only shared with and reviewed by members of the Board of Directors who are on the approval committee.

We strive to review applications quickly and will let you know as soon as a decision is made.

IMPORTANT NOTE: Sacred Selections awards grants based on the criteria that couples applying for assistance are:

1. Legally able and prepared to adopt, as shown by a completed home study with all appropriate background checks,
2. Active members in good standing of a conservative, non-instrumental, non-institutional church of Christ as shown by letters of reference and discussions with local church leadership, and
3. Demonstrate a financial need for assistance in order to fund the high cost of adoption as demonstrated by tax and financial statements.

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, not only in the sight of the Lord, but also in the sight of men.” 2 Cor 8:21***

Sacred Selections 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

**Personal Information**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Husband’s Name** |  | **Wife’s Name** |

**Contact Information**

|  |  |
| --- | --- |
| **Street Address** |  |
| **City** |  |
| **State** |  | **Zip Code** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone** |  | **Phone** |  |
| **Email** |  | **Email** |  |

**Local Church Membership Information**

|  |  |
| --- | --- |
| **Congregation Name** |  |
| **Street Address** |  |
| **City** |  |
| **State** |  | **Zip Code** |  |

**Employment Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer Name** |  | **Employer Name** |  |
| **Position/Job Title** |  | **Position/Job Title** |  |
| **Professional Field or Sector** |  | **Professional Field or Sector** |  |

**Personal Information: Family & Adoption Plans**

There are no right or wrong answers that we are looking for as we review your answers to the questions below, nor do we hold you in personal judgment. Instead, we ask as part of an effort to get to know your family and your potential needs as you embark upon this walk of faith. We hope that we will be able to provide support, education, and a loving network of families who are also walking this path. In light of that, please feel free to be as open and honest as you are comfortable being. Know that your application is confidential and your answers are not shared.

|  |
| --- |
| How long have you been married? \_\_\_\_\_\_\_\_\_\_\_  |
| Do you have any other children currently living in the home? If so, what are their ages? |
| How did you learn about Sacred Selections? Please include any connections you may have with the organization or with families who have adopted with financial support from Sacred Selections in the past. |
|  |
| What has brought you to pursue growing your family through adoption? |
|  |
| What do you already understand about the adoption process and parenting adopted children?  |
|  |
| What does your family consider as possible kingdom-related implications and considerations around adoption? |
|  |

**Home Study Information**

|  |
| --- |
| **Agency Information** |
| **Agency Name** |  |
| **Street Address** |  |
| **City** |  |
| **State** |  | **Zip Code** |  |
| **Website** |  |  |  |
| **Home Study Conducted By:** |
| **Name** |  | **Phone**  |  |
| **Email** |  |  |  |
| **License Expiration** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Date Complete (Husband)** |  | **Date Complete (Wife)** |
| **Home Study Approval Date** |  |  |  |  |
| **FBI Clearance Date** |  |  |  |  |
| **State Clearance Date** |  |  |  |  |
| **Child Abuse Clearance Date** |  |  |  |  |
| **Medical Report Date** |  |  |  |  |

**Home Study: Supporting Documents**

The following documents are required to accompany your application:

* Home Study Summary Report
* FBI Clearance
* State Clearance

**Church Membership Information**

Congregation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximately how many years have you been a member of the local congregation? \_\_\_\_\_\_\_\_

How many elders currently serve the congregation? \_\_\_\_\_\_\_\_ Preachers? \_\_\_\_\_\_\_\_\_\_

Do you believe that your church leadership, including all elders and preachers, will be able to honestly and openly affirm that you are active members who are in good standing with the local church? \_\_\_\_\_\_\_\_\_

**Church Membership Information: References**

You must provide contact information and collect a separate reference from each current elder and preacher. These serve as testimonies of your character and to indicate their agreement with the above. These may be in the form of a letter, an email to tcaster@sacredselections.org, or by completing an [online form](https://form.jotform.com/241860385472158).

*If your local congregation does not currently have any men serving as elders, please contact us about using alternate references.*

|  |
| --- |
| **Reference Contact Information:** |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Role: |  Elder |
| Phone: |  |  Preacher |
| Email: |  |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Additional References**

Please also provide **three** additional character references from amongst your family, friends or coworkers. These may also come in the form of a letter, email to tcaster@sacredselections.org, or the same completed [online form](https://form.jotform.com/241860385472158). You must include at least one *relative* and at least one *non-relative*.

|  |
| --- |
| **Reference Contact Information** |
| Name: |  | Relationship: |  Relative |
| Phone: |  |  Non-Relative |
| Email: |  |  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Relationship: |  Relative |
| Phone: |  |  Non-Relative |
| Email: |  |  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Name: |  | Relationship: |  Relative |
| Phone: |  |  Non-Relative |
| Email: |  |  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Church Membership & Additional References: Supporting Documents**

The following references are required to accompany your application:

* A reference from each elder of your local congregation
* A reference from each preacher at your local congregation
* Three additional references from family, friends or coworkers
	+ At least one of these references from a relative
	+ At least one of these references from a non-relative

References may be submitted as letters given to you, sent directly to Trey Caster at tcaster@sacredselections.org or as an online form submission [found here](https://form.jotform.com/241860385472158). It is *not* necessary to complete the form *and* send a letter or email.

**Grant Coverage**

Our mission is to help families overcome the financial burden and barrier to adopt a child. In general terms, we follow a ***needs-based*** approval process for those couples for whom the financial burden and barrier prevents them from adopting:

A **Full Grant** covers all agency and attorney fees. You (the prospective adoptive family) are responsible for the cost of your home study and all background checks (required for application), updates to home study documents if needed, travel expenses, and post-placement visits with your home study provider.

A **Partial Grant** is intended for families who can make a substantial contribution to the cost of the adoption, but for whom the full expense and at-risk funds create a barrier. This grant covers the up-front expenses from agencies and attorneys. You are responsible for your home study, travel, and post-placement visits, along with the agency and attorney fees that are due *after* a child is placed in your custody (funds that are not at risk). Typically, this is $20,000-$25,000 outside of home study and travel expenses.\*

Families who otherwise qualify for a grant but do not have a financial need are also welcome to lean on us for education, networking, and other support while **Self-Funding** your adoption. We request that you provide documentation to show sufficient funds available in a liquid form before beginning your adoption journey. The typical adoption can range from $40,000 to $65,000.\*

|  |  |  |  |
| --- | --- | --- | --- |
| Which type of support are you applying for? |  Full Grant  |  Partial Grant |  Self-Funding |
| *Eligibility for full and partial grants is considered on an individual basis.* |

**Adoption Tax Credit**

The Adoption Tax Credit can be claimed the year you finalize your adoption. We strongly recommend that you keep documentation of all expenses that you directly contribute to your adoption. This credit lowers the amount you owe in federal taxes by the amount you claim – up to a set maximum per child – with up to $5,000 being refundable.

 Visit the [National Council for Adoption’s website](https://adoptioncouncil.org/article/adoption-tax-credit-questions/) for up to date information.

**Personal Contribution**

|  |  |
| --- | --- |
| Sacred Selections depends on the contributions of individual Christians who volunteer, fundraise, and give generously. If you are applying for a full grant, is there an amount your family would be willing to contribute and take advantage of the Adoption Tax Credit?\* | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

\*In these scenarios, you pay the agency and attorney directly for these expenses, not Sacred Selections. These expenses are therefore eligible for the Adoption Tax Credit.

**Financial Information**

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.]. This is due to an ethical duty to our generous donors to ensure that we conduct a clear and fair due diligence process before approving any grants.

Your financial information is kept confidential. It is NOT shared with anyone. We do not request any account numbers or other access information. You are welcome to remove or cover over account numbers in the requested supporting documents.

**Financial Information: Assets & Liabilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ASSETS** | **AMOUNT** |  | **LIABILITIES** | **AMOUNT** |
| Checking Account(Avg monthly balance) |  |  | Credit Card Balances(Avg monthly balance) |  |
| Savings Account |  |  | Auto Loans |  |
| Total Investments (E.g., CDs, Mutual Funds, etc) |  |  | Student Loans |  |
| Total Retirement Savings(IRA, 401K, SEPs, etc) |  |  | Family Loans |  |
| Real Estate Value(Primary Home) |  |  | Insurance Loans |  |
|  Outstanding Loan Amount |  |  | Other Loans |  |
|  Equity (Home value less loan balance) |  |  | Other Liabilities |  |
| Other Real Estate(Value) |  |  |  |  |
|  Outstanding Loan Amount(s) |  |  |  |  |
|  Equity (Real Estate value less loan balances) |  |  |  |  |
|  |  |  |  |  |
| **Total Assets**(Combined Accounts, Investments, & Equity) |  |  | **Total Liabilities**(Combined debts and other liabilities) |  |

NOTE: 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.

**Financial Information: Monthly Cash Flow**

|  |
| --- |
| **Total Monthly Income (Net)** |
|  |  |  |  |  |
| Husband |  | Wife |  | Combined Total |

Provide a reasonable estimate of your regular monthly expenses. Comment space available for you to use as needed.

|  |  |  |
| --- | --- | --- |
| **Expense Type** | **Monthly Amount** | **Comments** |
| ***Home*** |  |  |
|  Mortgage/Rent |  |  |
|  Insurance |  |  |
|  Utilities |  |  |
|  Phone |  |  |
|  Internet |  |  |
|  Cable/Streaming |  |  |
| ***Auto*** |  |  |
|  Auto Loans |  |  |
|  Auto Insurance |  |  |
|  Gasoline |  |  |
| ***Health/Lifestyle*** |  |  |
|  Health Insurance |  |  |
|  Regular Medical Expenses |  | No explanations needed. |
|  Life Insurance |  |  |
|  Food |  |  |
|  Shopping |  |  |
|  Subscriptions |  |  |
|  Giving |  |  |
|  Other |  |  |
|  Other |  |  |
| ***Debt (Combined Totals)*** |  |  |
|  Credit Cards |  |  |
|  Student Loans |  |  |
|  Other |  |  |
|  Other |  |  |
| ***Savings*** |  |  |
|  Savings |  |  |
|  Retirement |  |  |
|  Other |  |  |
|  Other |  |  |
| Miscellaneous Other Expenses |  |  |
| Miscellaneous Other Expenses |  |  |
|  |  |  |
| ***Total Monthly Expenses*** |  |  |

**Financial Information: Summary**

|  |  |
| --- | --- |
| Total Assets (Page 3) |  |
| Total Liabilities (Page 3) |  |
| Total Monthly Income (Page 4) |  |
| Total Monthly Expenses (Page 4) |  |

**Financial Information: Supporting Documents**

The following financial documents are required to accompany your application:

* Tax Returns (Form 1040 only)
	+ Two most recent available
* Checking & Savings Bank Account Statements
	+ All checking & savings accounts
	+ 3 months
	+ Beginning & End balances and activity should be visible
	+ Please feel free to cover or remove account number and routing information if visible
* Credit Card Statements
	+ All credit card accounts
	+ 3 months
	+ Beginning & End balances and activity should be visible
	+ Please feel free to cover or remove account number if visible
* Pay stubs
	+ 3 months for each spouse, as appropriate

**Affirmation of Completeness & Accuracy**

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affirm that the home study, church membership and financial information recorded in these documents are complete, accurate and reflect our typical current status with regards to each of these areas of our lives.

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

 SIGNATURE HUSBAND SIGNATURE WIFE

**Photo Release**

Your story with adoption may be just beginning, but it is powerful. Photos shared by families provide tangible insight into the impact of the donations and prayers of those who support Sacred Selections. The organization often use photos, quotes, and stories shared by our families for newsletters, social media, print marketing and presentations & speeches. This is not a requirement for your application’s approval and we fully respect your privacy and that of any children in your home now or in the future. Especially if we would like to use a part of your adoption story, we will either request approval for the way it is presented or withhold details appropriately to maintain the privacy of those involved.

Please know that if you choose to respond to requests made for photos or quotes, we will consider that express consent to use those photos for any of the purposes listed above. Unfortunately, we are generally unable to inform our families every time one of their photos is used by the organization.

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, [ do / do not] give our permission for Sacred Selections to use our shared photos and likenesses for marketing, fundraising, and educational purposes as appropriate. We are aware that this decision has no bearing on the approval or rejection of our application for financial support.

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

 SIGNATURE HUSBAND SIGNATURE WIFE

**Local Chapter Fundraiser Consent**

The majority of funding for Sacred Selections grants comes from the profits of fundraisers run by volunteers forming local chapters in a grass-roots style across the country. As with online and print marketing, it is often effective for the fundraisers to be able to honor a specific family’s adoption journey. This helps local attendees see the direct impact of their donations. Donations at events are not specifically earmarked for the families they may honor.

We strive to honor local families who will have connections in the community where the fundraiser is happening, but it is not always possible to pair a grant-approved family with a fundraiser that is geographically nearby. It is always appreciated by the local chapters if you are able to attend and possibly share a few words with the audience, but all understand that attendance may not be feasible.

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, [ are / are not / are undecided] willing to have our names, images, and story featured as part of a local fundraiser to honor our journey as well as promote the cause and impact of Sacred Selections. We are aware that this decision has no bearing on the approval or rejections of our application for financial support.

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

 SIGNATURE HUSBAND SIGNATURE WIFE

**Submission**

Please collect your application and all supporting documents – listed below – in digital formats. When complete, contact Ellen Vaughn at evaughn@sacredselections.org or 615-777-3946.

**Application**

* Completed Grant Application Document with all relevant spaces filled and signatures included.

**Home Study**

* Home Study Summary Report
* FBI Clearance
* State Clearance

**Church Membership & Additional References**

The following references are required to accompany your application:

* A reference from each elder of your local congregation
* A reference from each preacher at your local congregation
* Three additional references from family, friends or coworkers
	+ At least one of these references from a relative
	+ At least one of these references from a non-relative

References may be submitted as letters given to you, sent directly to Trey Caster at tcaster@sacredselections.org or as an online form submission [found here](https://form.jotform.com/241860385472158). It is *not* necessary to complete the form *and* send a letter or email.

**Financial Information**

The following financial documents are required to accompany your application:

* Tax Returns (Form 1040 only)
	+ Two most recent available
* Checking & Savings Bank Account Statements
	+ All checking & savings accounts
	+ 3 months
	+ Beginning & End balances and activity should be visible
	+ Please feel free to cover or remove account number and routing information if visible
* Credit Card Statements
	+ All credit card accounts
	+ 3 months
	+ Beginning & End balances and activity should be visible
	+ Please feel free to cover or remove account number if visible
* Pay stubs
	+ 3 months for each spouse, as appropriate

**Family Profile**

If your family’s adoption profile is complete, please also include it with your application. It is not a requirement to have this complete at the time of application.