



# Financial Assistance Application

If you are just beginning the adoption process, please do not send this application. You must be currently matched with a child and meet the requirements found below.

Assistance will be awarded to qualified applicants regardless of marital status, race, religion, sexual orientation or national origin.

## Application Process:

Complete the following application in its entirety. Attach the following:

1. A current photo of your family. You may attach a photo of the child you are matched with if you feel comfortable. A photo of the child is not a requirement however; a photo of your current family is.
2. Adoption Budget Worksheet (worksheet must be completed in full)
3. Two (2) letters of recommendation
4. A copy of your approved and current (written within one year of application date) home study.

Mail the application and supplemental material to:

Sweet Hope Financial Assistance  
5701 42<sup>nd</sup> St. West  
University Place, WA 98466

Assistance recipients will be notified by mail and funds will be awarded to the applicant's agency on behalf of the family. Applications must be **postmarked by January 15th or July 15th**, for consideration. All applicants will be **notified by February 1st or August 1st** if a grant is awarded.

## Type of Assistance:

Sweet Hope provides challenge grants. Families that are awarded a challenge grant will have a set amount of time to raise matching funds that meet or exceed the grant amount. Sweet Hope will process all gifts towards the grant and distribute and give tax credit of the funds as necessary. The time frame and the challenge amount will be determined at the time of the award.

## Requirements:

Applicants must reside in the United States.

## Country Specific Requirements:

The only country specific requirements are for families adopting from a program with a two trip process. If you are adopting from a country that requires a two trip process you must have completed the first trip and signed the country specific paperwork for intent to adopt.



# Financial Assistance Application

Personal Information Parent 1	
Full name	
Home address	
Home phone	
Cell phone	
Home e-mail address	
Birthday (MM/DD/YYYY)	
Occupation	
Personal Information Parent 2 (if applicable)	
Full name	
Home address	
Home phone	
Cell phone	
Home e-mail address	
Birthday (MM/DD/YYYY)	
Occupation	
Adoption Information	
Child's Name	
When adoption is expected to be completed	
What country	
Agency Name	
Agency Address	
Agency Phone Number	
Agency Fax Number	
Agency Contact	
Agency Email	



# Financial Assistance Application

<b>Financial Information</b>	
Monthly Salary (combined)	
Living Information/ Rent – Mortgage	
Monthly Expenses:	
Utilities	
Car payments	
Credit cards	
Assets	

## Tell Us Your Story (attach additional sheets as needed)




# Financial Assistance Application

## 1. Purpose

The undersigned agrees that this application is being made for the purpose of obtaining assistance with international or domestic adoptions. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of *Sweet Hope* that assistance will be granted or given.

## 2. Authorization and Release

The undersigned hereby authorizes any officer, employee, agent, representative or staff member of *Sweet Hope* to obtain financial and personal information from any institution or individuals including but not limited to those individuals and institutions listed as references and made a part of this application.

## 3. Limit of Liability

The undersigned acknowledges that *Sweet Hope* has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that *Sweet Hope* shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds *Sweet Hope* harmless from any liability of any type or nature as a result of allowing the undersigned to submit this application.

## 4. Permission

The undersigned gives *Sweet Hope* permission to use their story and/or photographs on *Sweet Hope's* website, and/or printed material, with the purpose of helping families to adopt children.

(Your answer does not have an effect on financial assistance) Yes\_\_\_\_\_ No\_\_\_\_\_

## 5. Agreement

The undersigned parties acknowledge they are freely agreeing to the following terms and conditions as a requirement to participate in the adoption grant process for *Sweet Hope (SH)*:

1. We understand and accept that all funds and/or donations received by *SH* are under the ultimate control of the *SH* Board of Directors that make all final decisions regarding distributing grants of any funds.
2. We understand, accept and agree to use any and all funds received by *SH* exclusively for legitimate adoption expenses, including but not limited to agency fees, legal fees, etc. We agree to provide verification of adoption related expenses to *SH* upon request.
3. We understand we may not donate money to *SH* towards our own adoption expenses and receive a tax deduction.
4. We understand that if we decide not to adopt or our adoption is disrupted for any reason we will contact *SH* immediately. Any funds awarded, but not yet dispersed will be used to further the mission of *SH* and assist other families with the cost of adoption. Donations cannot be returned to donors.
5. We agree to submit proper documentation as requested by *SH* for disbursements of any kind.



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## 6. Signatures

We are providing this information to *Sweet Hope* for their internal and confidential use. All information contained in this application is accurate to the best of our knowledge.

Parent 1 \_\_\_\_\_ Date: \_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

Parent 2 \_\_\_\_\_ Date: \_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

*Application must be printed and signed in order to be processed*

### **Submit Application to:**

Sweet Hope Foundation  
5701 42nd St. W.  
University Place, WA 98466