

Fory Charitable Trust Adoption Grant Application

Husband's Full Name _____ Age _____
 Wife's Full Name _____ Age _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Home Phone Number _____ Cell/work phone: _____
 Email Address _____
 Date of Marriage _____ Any prior divorce? _____ Date: _____
 Husband's Employer _____ Length of employment _____
 Wife's Employer _____ Length of employment _____

1. Date of Birth of Husband ____/____/____ Social Security No. _____
2. Date of Birth of Wife ____/____/____ Social Security No. _____
3. Names and ages of biological children in family _____
4. Have you adopted previously? ____ If yes – names/ages _____
5. Have you completed your dossier? _____ Have you completed your home study? _____
6. Do you have a specific child identified already for this adoption? _____
 Full Name: _____ Age: _____ Sex ____ Country: _____
7. Do you plan on adopting an older/special needs child? _____
8. Church Name and Denomination _____ Member? Yes ____ No ____
9. Church Activities _____
10. Do you profess Jesus Christ as your personal Lord and Savior? _____
11. May we contact a pastor at your church or a friend or family member? Yes __ No __
 Pastor's/ Friend/Family Member's Name: _____ Ph: _____ Cell: _____
12. Specify any special financial considerations or circumstances we should be aware of: _____

ADOPTION COSTS

Type of Expense	Amount	Type of Expense	Amount
Agency Fees		Overseas Fees	
Child's Medical Exam		Translation Fees	
Foreign Program Fee		Travel 1 st Trip	
Home Study		Travel 2 nd Trip	
In-Country Fees		Visas	
INS Fees		Other	
Notarization/Authentication		Other	
Orphanage Fees		TOTAL ADOPTION COST:	

Please indicate how you intend to finance your adoption costs:

Personal Funds: (savings, etc.) \$ _____
 Employer Benefit: (if applicable) \$ _____
 Other Grants/Loans Applied For:
 Name: _____ \$ _____
 Name: _____ \$ _____
 Name: _____ \$ _____
 Other source of funds: (please specify) \$ _____
Total Estimated RESOURCES: \$ _____
Total Estimated Adoption COST: \$ _____

DEFICIT: (Total Resources – Total Cost) \$ _____

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Statement of Net Worth

As of Date ____/____/____

The following needs to be a complete list of the balances or values of the items you have ownership of (assets) and balances of amounts you owe (liabilities) as of the above date.

Assets

Cash	\$ _____
Checking Accounts	\$ _____
Savings Accounts	\$ _____
Investment Accounts (other than retirement)	\$ _____
Retirement Accounts	\$ _____
Life Insurance Cash Surrender Value (not death benefit)	\$ _____
Value of Autos	\$ _____
Value of Home (if owned)	\$ _____
Approximate Value of Household Items	\$ _____
Value of other items you own not listed above (write description):	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Assets

\$ _____

Liabilities

Credit Card Balances	\$ _____
Balances of Past Due Bills (excluding credit cards)	\$ _____
Auto Loan Balances	\$ _____
Home Mortgage Balance	\$ _____
Any Other Amounts Owed (write description):	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Liabilities

\$ _____

Net Worth (Assets - Liabilities)

\$ _____

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Cash Flow Statement

The following needs to be the approximate amount of money that you earn and pay out on a monthly or annual basis.

Income	<i>Monthly</i>	<i>Annual</i>
Gross Salary/Wage	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Other Income (write description): _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Income	\$ _____	\$ _____
Expenses/Payments		
Taxes and other deductions from paychecks	\$ _____	\$ _____
Housing Costs:		
Mortgage/Rent	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Other Housing Costs	\$ _____	\$ _____
Telephone (include cell phones)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Transportation Expenses:		
Car Payment	\$ _____	\$ _____
Car Insurance	\$ _____	\$ _____
Gas/Maintenance	\$ _____	\$ _____
Other Transportation Expenses	\$ _____	\$ _____
Entertainment/Recreation	\$ _____	\$ _____
Medical Expenses (include health insurance if paid by you)	\$ _____	\$ _____
Donations/Giving	\$ _____	\$ _____
Other Gifts	\$ _____	\$ _____
Other Debt Repayment (write description) _____	\$ _____	\$ _____
Other payments/expenses not listed above (write description): _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Expenses/Payments	\$ _____	\$ _____
Cash Flow (Total Income - Total Expenses/Payments)	\$ _____	\$ _____

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Personal Statement of Faith

1. *Who is God?*

2. *Who is Jesus Christ?*

3. *Who is the Holy Spirit?*

4. *How do you use God's Word (the Bible) in your life?*

5. *Describe your daily walk with God?*

6. *What is eternal salvation? How do you become saved?*

7. *Share your salvation testimonies. (Please use a separate sheet of paper)*

8. *How has God led you to adopt (adoption testimony)? (Please use a separate sheet of paper)*

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Consent Form

1. PURPOSE

The undersigned agrees that this application is being made for the purpose of obtaining assistance with international adoption of children from Russia or Ukraine. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of the Fory Charitable Trust that assistance will be granted or given.

2. AUTHORIZATION AND RELEASE

The undersigned hereby authorizes any officer, employee, agent, representative or member of the Fory Charitable Trust 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. The undersigned further consents to the release of any information to any authorized Fory Charitable Trust employee or agent from any individual or financial institution listed on the attached list of references. The undersigned further authorizes any pastor, elder, minister, counselor or friend or family member included in the list of references to release to the Fory Charitable Trust or its representatives personal information and opinions regarding the applicant's lifestyle, language, habits, truthfulness, parental fitness, and general moral and biblical character.

Adoption Agency: _____ *Case Worker:* _____ *Phone:* _____

3. LIMIT OF LIABILITY

The undersigned acknowledges that the Fory Charitable Trust has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that the Fory Charitable Trust shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds the Fory Charitable Trust 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 the Fory Charitable Trust permission to use their story and/or photographs on the Fory Charitable Trust's website, and/or printed material, with the purpose of helping families to adopt children. (Your answer does not have an effect on the financial assistance decision.) Yes _____ No _____

5. SUPPORT RAISING 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 with the Fory Charitable Trust:

1. We will formulate a mailing list of supporters and mail Support Kits to each one.
2. We understand and accept that all funds and/or donations received by the Fory Charitable Trust are under the ultimate control of the Fory Charitable Trust and that it makes all final decisions regarding distributing and/or grants of any funds.
3. We understand, accept and agree to use any and all funds received by the Fory Charitable Trust 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 the Fory Charitable Trust upon request.
4. We understand any funds raised (including matching grant amount, if applicable) beyond our stated deficit may be used to further the ministry of the Fory Charitable Trust and assist with other families' cost of adoption.
5. We understand we may not donate money to the Fory Charitable Trust towards our own adoption expenses and receive a tax deduction.
6. We understand that if we decide not to adopt or our adoption is disrupted for any reason we will contact the Fory Charitable Trust immediately. Any funds raised will be used to further the ministry of the Fory Charitable Trust and assist other families with the cost of adoption. Donations cannot be returned to donors.

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7. We agree to submit proper documentation as requested by the Fory Charitable Trust for payment and/or reimbursements of any kind.

6. ATTACHMENTS

1. **Picture** - If you have a picture of the child you desire to adopt, and are willing to share with us, please send in a photo along with your application. Please also include a photo of your current family.
2. **Tax Return** – Please send us a copy of your most current year’s Federal Tax Return (1040 form).
3. **Copy of Home Study** – Please send us a copy of your completed Home Study.
4. **Letter from Pastor** – A written reference from your pastor on church letterhead indicating his support of your adoption.
5. **Letter from a Friend or Family Member**– A written reference from a friend or family member indicating that you have discussed the desires and plans for your adoption.

7. SIGNATURES

We are providing this information to the Fory Charitable Trust for its internal and confidential use. All information contained in this application is accurate to the best of our knowledge.

Adoptive Father _____

Date: _____

Adoptive Mother _____

Date: _____

Submit Application to: Fory Charitable Trust
Attn: Sue H. Marshall
P.O. Box 926398
Houston, TX 77292

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Application Checklist

To help us process your application in a timely manner, please use this as a checklist to ensure you've included all the necessary items. If you don't have something included, please give us an explanation for this.

Thank you!

<u>Included</u>	<u>Not included</u>	<u>Information</u>	<u>Explanation</u>
_____	_____	Adoption application, including adoption costs	_____
_____	_____	Statement of Net Worth	_____
_____	_____	Cash Flow	_____
_____	_____	Husband's Statement of Faith	_____
_____	_____	Wife's Statement of Faith	_____
_____	_____	Salvation Testimony	_____
_____	_____	Pastoral Referral Letter	_____
_____	_____	Friend/Family Referral Letter	_____
_____	_____	Consent Form	_____
_____	_____	Copy of Homestudy	_____
_____	_____	Prior Year's Tax Return	_____

**** Please attach this to the front of your application. If all information is not submitted, it may delay your file being processed. Thank you.***