



nightlight[®]
christian adoptions

NIGHTLIGHT FOUNDATION GRANT PROGRAM – ADOPTING FAMILY

In order to maintain program fees which, allow more families to provide homes to children without parents, Nightlight relies on donations from its client families and other supporters. The Nightlight Foundation (formerly “Babushka Fund”) assists families who might not otherwise be able to afford the costs of primarily international adoption to adopt a child who might not otherwise be adopted.

Our awards committee review applications and make awards of \$500 to \$7,000 to prospective adopting families. These awards, underwritten by donations to Nightlight and the operating budget of the agency, will be issued as credits against the program fees for eligible adopting families. The grants are meant to assist families and do not replace needed financial commitments and other fund raising which the family might undertake.

Families submitting their grant application for the Nightlight Foundation specifically for Arial Recovery Grant criteria:

- Must be adopting through one of Nightlight’s Latin American Country Programs (Colombia, Dominican Republic, Ecuador, Honduras, or Mexico).
- Must be matched or pre-matched with an identified child over the age of 10 years or with an identified special need qualify for this grant.

Families submitting grant application for any other Nightlight Foundation grant must meet the following criteria:

1. Must be either matched or pre-matched with an identified child (exceptions given to families in the embryo adoption program).
2. Must schedule and complete a meeting with Nightlight’s Family Resource Specialist to discuss available adoption funding and resources available to the prospective adoptive family. To make an appointment please e-mail Camie at camie@nightlight.org
3. Must have already created a crowd funding page on adoptionbridge.org
4. Must have an approved home study.

Interested families should complete an application and submit it along with the following documents to their Nightlight adoption advisor:

1. Financial and Net Worth Statement
3. General Consent Form
4. Copy of most recent Tax Return (minimum of first two pages of Form 1040)

The Adoption Advisor will forward your application to the appropriate personnel and then will notify you of the grant decision.

Please note that if your account with Nightlight results in a credit where a refund is due, we will deduct this grant amount before issuing a refund/credit. For instance, if you raise enough funds on Adoption Bridge or are awarded a grant from another organization that is paid to Nightlight, and your account has a credit, before issuing you a refund for the overage we will deduct the grant you received from the Nightlight Foundation to replenish those funds for future families.

By our signature below, we understand and agree to the terms of this grant application.

Mother Signature

Date

Father Signature

Date

GRANT APPLICATION
(Attach extra sheets if necessary)

Names (Last, First): _____

Address: _____

_____ Date: _____

Telephone No: _____ E-Mail: _____

Which Nightlight Adoption Program are you adopting through?

____ Domestic Infant Adoption

____ International Adoption If International, which country: _____

____ Snowflakes Embryo Adoption

____ Anchored in Hope (Adoption from Foster Care)

____ Renewed Hope (Adoption from Dissolution)

Tell us about the child you wish to adopt:

____ Siblings (# _____) Ages: _____

____ Boys _____ Girls

Special Needs (Please specify medical and/or emotional issues):

ADOPTION MOTIVATION AND FINANCIAL NEED

Please explain your motivation for adopting:

Please describe your adoption budget and the source of funds:

GENERAL CONSENT FORM

I, _____ (adoptive father) and _____
_____ (adoptive mother) agree to the following:

If provided with a grant, we agree to write our adoption story and provide photographs for the benefit of other families who are considering adoption (although aspects of the adoption story may be limited, including names, to protect the child’s privacy).

Once the adoption process is complete, we give Nightlight permission to use our story and/or photographs on their website and/or printed material with the purpose of helping families adopt children.

We understand that in the event we raise additional grant funds for our adoption, resulting in a credit to our account, before issuing a refund, Nightlight will deduct the Nightlight grant fund we received from our account to replenish the fund for other families.

Signatures:

Adoptive Father

Date

Adoptive Mother

Date

Grant Application

Personal Financial Statement

A. MONTHLY INCOME

1. Family Member

Name: _____ Gross pay per month \$ _____
Net pay per month \$ _____

2. Spouse

Name: _____ Gross pay per month \$ _____
Net pay per month \$ _____

3. Other Income

\$ _____

NET MONTHLY INCOME \$ _____

B. MONTHLY EXPENDITURES

1. Rent or Mortgage (including taxes and insurance)

Primary \$ _____
Vacation or 2nd property \$ _____

2. Utilities (including telephone and all monthly expenses)

Utilities (2nd home) \$ _____

3. Other Fixed Expenses

a. Child Care \$ _____

b. Car Payments \$ _____

c. Credit Card Payments \$ _____

d. Other Loan Payments \$ _____

e. Child Support or Alimony \$ _____

f. Regular Savings/Investments \$ _____

g. Other (Charitable Contributions) \$ _____

h. Other (Additional Life Insurance) \$ _____

i. Other (Home Renovation) \$ _____

TOTAL NET MONTHLY EXPENSES \$ _____

TOTAL VALUE

C. TYPE OF ASSET

1. Residence – Market Value \$ _____

2. Other Real Estate – Market Value \$ _____

3. Cars – Specify _____ \$ _____

_____ \$ _____

4. Savings \$ _____

5. Stocks/Bonds \$ _____

6. Other Assets \$ _____

TOTAL ASSETS \$ _____

D. TYPE OF LIABILITY

- 7. Residence Mortgage
- 8. Other Real Estate Mortgage
- 9. Cars – Loans
- 10. Other Loans
- 11. Credit Cards
- 12. Other

BALANCE OWED

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL LIABILITIES

\$ _____

E. INSURANCE COVERAGE

Type of Insurance	Total Coverage Amount	Monthly Cost to Applicant	Company
Life Insurance	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
Medical Insurance	\$ _____	\$ _____	_____
Automobile Insurance	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____

F. PERTINENT INFORMATION NOT COVERED

Type of Benefit	Total Value
13. 401K Plan	\$ _____
14. Benefit Restoration Plan	\$ _____
15. Personal Pension Plan	\$ _____
16. Incentive Stock Options	\$ _____
17. Restricted Stock Units	\$ _____

We, the undersigned, hereby certify and declare that the above is a true and accurate account of our net worth and income.

Name

Date

Name

Date