

SIGNAL MOUNTAIN PRESBYTERIAN CHURCH ADOPTION FUND

APPLICATION FOR ADOPTION FINANCIAL ASSISTANCE

**Please complete in full and print legibly or type.**

Are you a member of Signal Mountain Presbyterian Church (SMPC)? If not, please describe your direct connection and relationship with SMPC as well as references within SMPC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of financial assistance requested \$ \_\_\_\_\_ Date \_\_\_\_\_

**Adopting father's name** \_\_\_\_\_ Email address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cellular phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Name of employer \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business phone (\_\_\_\_) \_\_\_\_\_ Business email \_\_\_\_\_ Business fax (\_\_\_\_) \_\_\_\_\_

Monthly salary (gross) \$ \_\_\_\_\_ Employed since \_\_\_\_\_ Previously employed as \_\_\_\_\_

Name of previous employer \_\_\_\_\_ Dates of previous emp.: from \_\_\_\_\_ to \_\_\_\_\_

Citizenship: \_\_\_\_ USA Other: \_\_\_\_\_ In U.S. since \_\_\_\_\_

**Adopting mother's name** \_\_\_\_\_ Maiden name \_\_\_\_\_

Occupation \_\_\_\_\_ Name of employer \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business phone (\_\_\_\_) \_\_\_\_\_ Business email \_\_\_\_\_ Business fax (\_\_\_\_) \_\_\_\_\_

Monthly salary (gross)\$ \_\_\_\_\_ Employed since \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Citizenship: \_\_\_\_ USA Other: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**Name of nearest relative** \_\_\_\_\_ Relationship \_\_\_\_\_

Relative's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Current Dependents**

Name	Age	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

How did you hear about **ABBA Fund** and/or the **SMPC Adoption Fund**? \_\_\_\_\_

**Details of Adoption**

Name of Adoption Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of contact person or social worker \_\_\_\_\_ Telephone \_\_\_\_\_

When others hear your "adoption story" it may prompt them to give money to ABBA Fund so we can help more families like yours. May we use your "adoption story" and photographs on our website and/or in other electronic or printed media for these purposes? (Your answer will not affect our decision regarding whether financial assistance will be provided to you.)

\_\_\_ Yes \_\_\_ No

Can we add you to our monthly email newsletter list? \_\_\_ Yes \_\_\_ No

Number of children you are adopting \_\_\_\_\_ From what country \_\_\_\_\_

Have you been matched with a child(ren) by a licensed adoption agency? \_\_\_ Yes \_\_\_ No

Ages of the children \_\_\_\_\_

Special Needs of the children (if any) \_\_\_\_\_

Have you completed the process in order to receive approval for travel to pick up the child(ren)? \_\_\_ Yes \_\_\_ No

Expected date of approval \_\_\_\_\_ Expected date of travel to pick up child(ren) \_\_\_\_\_

Would you be able to complete the adoption without this financial assistance? If yes, how so? \_\_\_\_\_

In the case of an interest-free loan, what monthly amount could you covenant to repay each month until full reimbursement is made? \$ \_\_\_\_\_ per month.

**Adoption Costs:**

Agency Fees \_\_\_\_\_

Foreign Program Fees \_\_\_\_\_

Home Study \_\_\_\_\_

In-Country Fees \_\_\_\_\_

INS Fees \_\_\_\_\_

Orphanage Donation \_\_\_\_\_

Notarization/Authentication \_\_\_\_\_

Translation Fees \_\_\_\_\_

Travel First Trip \_\_\_\_\_

Travel Second Trip \_\_\_\_\_

Visas/Passports \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Total Adoption Costs** \_\_\_\_\_

**Source of Funds:**

Personal Funds (savings, etc.) \_\_\_\_\_

Employer Assistance \_\_\_\_\_

Home Equity Line \_\_\_\_\_

Other Loans/Grants Applied for: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Other: \_\_\_\_\_

**Total Estimated Resources:** \_\_\_\_\_

# Statement of Net Worth

## Assets

### Cash

On hand	\$ _____
Checking	\$ _____
Savings	\$ _____

### Investments

Stock	\$ _____
Bonds	\$ _____
Real Estate (other than your home)	\$ _____
Other	\$ _____

Retirement Accounts	\$ _____
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### Personal Property

Auto	\$ _____
Auto	\$ _____
Household	\$ _____

Real Estate (Home)	\$ _____
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Other Assets: _____	\$ _____
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**Total Assets** \$ \_\_\_\_\_

## Liabilities

Current Bills	\$ _____
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Credit Cards	\$ _____
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Auto Loans	\$ _____
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Home Mortgage	\$ _____
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Other Liabilities	\$ _____
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**Total Liabilities** \$ \_\_\_\_\_

**Net Worth (Assets - Liabilities)** \$ \_\_\_\_\_

## Cash Flow

		<i>Monthly</i>	<i>Annual</i>
<b>Gross Income</b>		\$ _____	\$ _____
<b>Less:</b>			
Charitable Giving		\$ _____	\$ _____
Taxes		\$ _____	\$ _____
Debt Repayment		\$ _____	\$ _____
(Not Including Home Mortgage)			
 <b>Net Spendable Income</b>		<b>\$ _____</b>	<b>\$ _____</b>
(Total Gross Income - Giving - Taxes - Debt)			
 <b>Living Expenses</b>			
Housing			
Mortgage/Rent		\$ _____	\$ _____
Property Taxes		\$ _____	\$ _____
Insurance		\$ _____	\$ _____
Utilities		\$ _____	\$ _____
Other		\$ _____	\$ _____
<b>Total Housing</b>	<b>(a)</b>	\$ _____	\$ _____
 <b>Food</b>	<b>(b)</b>	\$ _____	\$ _____
<b>Clothing</b>	<b>(c)</b>	\$ _____	\$ _____
 Transportation			
Car Payment		\$ _____	\$ _____
Insurance		\$ _____	\$ _____
Gas/Maintenance		\$ _____	\$ _____
Other		\$ _____	\$ _____
<b>Total Transportation</b>	<b>(d)</b>	\$ _____	\$ _____
 <b>Entertainment/Recreation</b>	<b>(e)</b>	\$ _____	\$ _____
<b>Medical Expenses</b>	<b>(f)</b>	\$ _____	\$ _____
<b>Insurance</b>	<b>(g)</b>	\$ _____	\$ _____
<b>Gifts</b>	<b>(h)</b>	\$ _____	\$ _____
<b>Miscellaneous</b>	<b>(i)</b>	\$ _____	\$ _____
 <b>Total Living Expenses:</b>			
[Sum of (a) through (i)]		<b>\$ _____</b>	<b>\$ _____</b>
 <b>Cash Flow</b>		<b>\$ _____</b>	<b>\$ _____</b>
(Net Spendable Income - Total Living Expenses)			

**Applicant and spouse must answer the following questions (attach an additional sheet of paper if necessary):**

1. What is your church involvement?

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2. What is your spiritual testimony?

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3. Why are you adopting?

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4. What is your philosophy regarding the spiritual training of your child(ren)?

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5. What is your philosophy regarding the education of your child(ren)?

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6. Some day, your child will have questions about his/her life and existence. What will you teach your children about each of the following topics?

a. CREATION: How did it all begin? Where did we come from? \_\_\_\_\_

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b. THE FALL: What went wrong? What is the source of evil and suffering? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. REDEMPTION: What can we do about it? What is the basis and foundation of your relationship with God?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How would you describe your "parenting style"?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What parenting skills training have you received in the past, and how do you plan to continue to improve your parenting skills?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What is your understanding of a covenant and your obligation to fulfill your part of a covenant that you make?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Church Information:**

Church Name \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Church Phone Number \_\_\_\_\_ Church website \_\_\_\_\_

Member       Regular Attendee

Does your church presently have an adoption/orphan care ministry? \_\_\_\_\_

Would you be interested in learning more about starting an adoption fund or ministry at your church? \_\_\_\_\_

We hereby give consent for **ABBA Fund** to contact our adoption agency and any other person or institution named in this application and we authorize such persons and institutions to release information to **ABBA Fund**. We also understand and agree that ABBA Fund is not obligated to provide any assistance to us.

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Signature of Adopting Father

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Signature of Adopting Mother

### **Mailing Information**

Please submit your completed application along with a copy of the following documents to **ABBA Fund** at the address shown on Page 1 of this Application. If you prefer, you can submit the application online and provide the other documents to us electronically to [application@abbafund.org](mailto:application@abbafund.org).

\_\_\_\_\_ Copy of current driver's licenses

\_\_\_\_\_ Copy of Home Study

\_\_\_\_\_ Copy of most recent Federal Tax Return

\_\_\_\_\_ Copy of most recent paycheck stub for you and your spouse (if your spouse is employed outside the home.)

\_\_\_\_\_ Three references must be received by ABBA Fund prior to review of your application. References should include your Pastor, an employer/co-worker, and friend. Reference forms are included as the last three pages of this application form and should be completed and mailed to ABBA Fund by your references.

## Employer/Co-worker Reference

Thank you for taking the time to complete this reference form on behalf of the family. We understand that you may not know all the details of the family's life but we ask you be as candid as possible. Please send the completed form to:

ABBA Fund  
P.O. Box 1120  
Ramseur, NC 27316

Name of Reference: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Can we add you to our monthly email newsletter list?  Yes  No

Name of Family: \_\_\_\_\_

How long have you known this person?

How would you describe this person's work habits?

How would you describe this person's character?

If an interest-free loan is provided do you have any reason to believe this family would not repay it?

Please add any additional comments or concerns.

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Signature

## Friend Reference

Thank you for taking the time to complete this reference form on behalf of the family. We understand that you may not know all the details of the family's life but we ask you be as candid as possible. Please send the completed form to:

ABBA Fund  
P.O. Box 1120  
Ramseur, NC 27316

Name of Reference: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Can we add you to our monthly email newsletter list? \_\_\_\_ Yes \_\_\_\_ No

Name of Family: \_\_\_\_\_

How long have you known this family?

How are you acquainted with this family?

How would you describe this family?

Do you have any concerns about them as parents?

If an interest-free loan is provided do you have any reason to believe this family would not repay it?

Please add any additional comments or concerns.

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Signature

## Pastor Reference

Thank you for taking the time to complete this reference form on behalf of the family. We understand that you may not know all the details of the family's life but we ask you be as candid as possible. Please send the completed form to:

ABBA Fund  
P.O. Box 1120  
Ramseur, NC 27316

Name of Reference: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Would you be interested in learning more about starting an adoption fund or ministry at your church?

\_\_\_\_\_

Can we add you to our monthly email newsletter list? \_\_\_\_ Yes \_\_\_\_ No

Name of Family: \_\_\_\_\_

How long have you known this family?

How would you describe this family?

Please describe the family's spiritual life and witness for Christ?

Please describe the family's church involvement.

Do you have any concerns about them as parents?

If an interest-free loan is provided do you have any reason to believe this family would not repay it?

Please add any additional comments or concerns.

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Signature