



The Chosen Project Adoption Grant and Qualifications

The Chosen Project is Journey Church's adoption grant fund which awards grants to help Journey Church and other J1:27 Church Partner families cover costs associated with adoption. Qualified applicants could be awarded up to \$3,000 of grant funds for international or private domestic adoption, or a stipend up to \$500 (in the form of a gift card) for adoption through DSS. Applications will be de-identified prior to processing by the selection committee, and information provided will remain confidential. The current deadline to apply is **July 1, 2018**.

Qualifications:

- Applicants must be current partners/members of Journey Church, or one of the J1:27 Ministry partner churches (The Church at Cane Bay, Freedom Church, or Hope Church).
Note: Journey Church partners will be prioritized during the selection process.
- Applicants must have a completed, signed homestudy to submit with this application, or in the case of DSS adoption, submit documentation indicating they are "homestudy approved".
- If adopting via a private agency, the agency must be classified as non-profit.
- Applicants must be actively engaged within their home church, including involvement in biblical community, and must complete a statement of faith/testimony demonstrating their personal relationship with the Lord.
- Applicants should demonstrate financial preparedness to care for a child, but also have financial need associated with expenses related to the adoption process.
- In the case of international and private domestic adoption, awarded funds will not exceed remaining adoption expenses.
- Applicants must uphold terms of the consent form (see application)
- Applicants must complete and submit the application in its entirety, including supplemental documents, to be processed (see application checklist).

The application must be printed and signed, and submitted to the Journey Church office on or before July 1, 2018, in order to be processed.

Mailing Address:

Journey Church
c/o The Chosen Project
PO BOX 3392
Summerville, SC 29484

Physical Address:

Journey Church Office
c/o The Chosen Project
262 Treeland Drive
Ladson, SC 29456

**The Chosen Project
Adoption Grant Application**

Husband's Full Name: _____ DOB: _____

Wife's Full Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Number(s): _____

Primary Email Address: _____

Secondary Email Address: _____

Date of Marriage: _____ Any prior divorce? Date: _____

Husband's Employer: _____ Length of employment: _____

Wife's Employer: _____ Length of employment: _____

1. Names and ages of all biological children in family: _____

2. Have you adopted previously? _____

If yes, names/ages: _____

3. Are you adopting domestically via DSS? (Circle 1) YES NO

If yes, caseworker/phone number: _____

4. Adoption Agency (non-DSS): _____

Case Worker(s): _____

Phone Number(s): _____

5. Have you completed your "home study"? (Circle 1) YES NO

6. Have you completed your dossier? (if international adoption) (Circle 1) YES NO

7. Do you plan on adopting an older/special needs child? _____

8. Do you have a specific child identified already for this adoption? (Circle 1) YES NO

If yes, Full Name, Age, Gender, Country: _____

9. Anticipated date of placement (if applicable): _____

10. Do you profess Jesus Christ as your personal Lord and Savior? _____

11. We are active partners/members at the following church: _____

12. Bible Study/Missional Community/Community Group leader(s): _____

14. In the event that you do not receive grant funds from any source, how do you plan to fund your adoption? _____

ADOPTION COSTS

**If adopting through DSS, please disregard this page of the application.*

Applicable Expenses

| | |
|---|-----------------|
| Agency Fees | \$ _____ |
| Child's Medical Exam | \$ _____ |
| Foreign Program Fee | \$ _____ |
| Home Study | \$ _____ |
| In-Country Fees | \$ _____ |
| INS Fees (international adoptions only) | \$ _____ |
| Notarization/Authentication | \$ _____ |
| Orphanage Fees | \$ _____ |
| Overseas Fees | \$ _____ |
| Translation Fees | \$ _____ |
| Travel First Trip | \$ _____ |
| Travel Second Trip (if required) | \$ _____ |
| Visas | \$ _____ |
| Other _____ | \$ _____ |
| Other _____ | \$ _____ |
| Total Cost | \$ _____ |

Available Resources to Cover Adoption Costs

| | |
|--|-----------------|
| Personal Funds (savings, etc.) | \$ _____ |
| Employer Benefit (if available) | \$ _____ |
| Other Grants/Loans Received: | |
| Name _____ | \$ _____ |
| Name _____ | \$ _____ |
| Name _____ | \$ _____ |
| Other source of funds (please specify) | \$ _____ |
| Total Estimated Resources | \$ _____ |

Deficit \$ _____
(Total Resources-Total Cost)

Additional Grants/Loans Applied For:

| | |
|------------|----------|
| Name _____ | \$ _____ |
| Name _____ | \$ _____ |
| Name _____ | \$ _____ |

**If adopting through DSS, please disregard this page of the application.*

STATEMENT OF NET WORTH

Assets

| | |
|---|----------|
| Cash | \$ _____ |
| Checking Accounts | \$ _____ |
| Savings Accounts | \$ _____ |
| Investment Accounts (other than retirement) | \$ _____ |
| Life Insurance Cash Surrender Value | \$ _____ |
| Retirement Accounts | \$ _____ |
| Value of Autos | \$ _____ |
| Value of Home (if owned) | \$ _____ |
| Approximate Value of Household Items | \$ _____ |
| Personal Business Assets | \$ _____ |
| Value of other items you own not listed above (write description) | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total Assets | \$ _____ |

Liabilities

| | |
|---|----------|
| Outstanding Credit Card Balances | \$ _____ |
| Balances of Past Due Bills (nor credit cards) | \$ _____ |
| Auto Loan Balances | \$ _____ |
| Home Mortgage Balance | \$ _____ |
| Any Other Amounts Owed (write description) | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total Liabilities | \$ _____ |
| Net Worth | \$ _____ |
| (Assets - Liabilities) | |

ADDITIONAL COMMENTS/CONSIDERATIONS

Please specify any special financial considerations or circumstances the selection committee should be aware of: _____

CASH FLOW (Both monthly and annual columns of cash flow must be completed.)

| | <i>Monthly</i> | <i>Annual</i> |
|--|----------------|---------------|
| <u>Income</u> | | |
| Gross Salary/Wage | \$ _____ | \$ _____ |
| Investment Income | \$ _____ | \$ _____ |
| Other Income (write description) | | |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| Total Income | \$ _____ | \$ _____ |
| <u>Expenses/Payments</u> | | |
| Taxes and other deductions | \$ _____ | \$ _____ |
| Housing Costs: | | |
| Mortgage/Rent | \$ _____ | \$ _____ |
| Property Taxes | \$ _____ | \$ _____ |
| Insurance | \$ _____ | \$ _____ |
| Utilities | \$ _____ | \$ _____ |
| Other Housing Costs | \$ _____ | \$ _____ |
| Telephone/Cell Phone | \$ _____ | \$ _____ |
| Food | \$ _____ | \$ _____ |
| Clothing | \$ _____ | \$ _____ |
| Transportation Expenses: | | |
| Car Payment | \$ _____ | \$ _____ |
| Car Insurance | \$ _____ | \$ _____ |
| Gas/Maintenance | \$ _____ | \$ _____ |
| Other Transportation | \$ _____ | \$ _____ |
| Entertainment/Recreation | \$ _____ | \$ _____ |
| Medical Expenses (include health insurance) | \$ _____ | \$ _____ |
| Church Giving | \$ _____ | \$ _____ |
| Other Charitable Donations | \$ _____ | \$ _____ |
| Other Debt repayment (write description) | | |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| Total Expenses/Payments | \$ _____ | \$ _____ |
| Cash Flow | \$ _____ | \$ _____ |

(Cash Flow = Total Income - Total Expenses/Payments)

PERSONAL STATEMENT OF FAITH

Please attach another sheet if more space is needed to answer questions.

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 each of your salvation testimonies. (Please use separate sheets of paper.)

ADOPTION TESTIMONY

How has God lead your family to adopt? (Please use a separate sheet of paper)

CONSENT FORM

1. Purpose

The undersigned agrees that this application is being made for the purpose of obtaining assistance with international/domestic adoption. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of Journey Church or The Chosen Project that assistance will be granted or given.

2. Authorization and Release

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

3. Limit of Liability

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

4. 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 for The Chosen Project (TCP):

- a. We commit to effortful fundraising of adoption related expenses until our adoption is fully funded. This may include, but is not limited to, fundraising events, applying for additional grants, and reaching out to friends and family for support.
- b. We understand we may not donate money to TCP towards our own adoption expenses and receive a tax deduction.
- c. Donations cannot be returned to donors.

- d. We understand and accept that all funds and/or donations received by TCP are under the ultimate control of the TCP Director and Selection Committee Members that make all final decisions regarding distribution of grant funds.
- e. We understand that if we decide not to adopt, or our adoption is disrupted for any reason we will contact TCP immediately. Any funds that have not been disbursed by TCP for adoption related costs will be used to further the ministry of TCP and assist other families with the cost of adoption.
- f. We agree to submit proper documentation as requested by TCP for payment and/or reimbursements of any kind.
- g. We understand, accept and agree to use any and all funds received by TCP exclusively for legitimate adoption expenses, including but not limited to agency fees, legal fees, etc (exception: DSS adoption in which any expenses will occur post-placement).

5. Attachments

- 1. **Tax Return** – Please include a copy of your most recent year’s Federal Tax Return (1040 form only)
- 2. **Copy of Homestudy** – Please include a copy of your completed homestudy. (or documentation of “homestudy approved” status)
- 3. **Reference Letters** – Include two written personal references: one from a pastor at your church, and a second from a non-family couple with whom you are well acquainted, indicating support of your preparedness for adoption.

Note: Application processing time frame: ~6 weeks

There are a limited number of funds available for distribution as grants. Each application is prayerfully and carefully considered by the selection committee.

7. Signatures

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

Adoptive Father _____ Date _____

Adoptive Mother _____ Date _____

***Application must be printed and signed in order to be processed.
Current Deadline: July 1, 2018.***



APPLICATION CHECKLIST

To help us process your application in a more timely manner, please use this as a checklist to ensure you've included all the necessary items. Everything on this checklist must be received before your application can be processed. Thank you!

- The Chosen Project Grant Application
- Adoption Costs *(with exception of families adopting through DSS)*
- Statement of Net Worth
- Cash Flow
- Statement of Faith
- Husband Salvation Testimony
- Wife Salvation Testimony
- Adoption Testimony
- 2 Reference Letters *(1 from pastor, 1 from non-family couple)*
- Signed Consent Form
- Complete Copy of the Signed Home Study *(supporting documentation for DSS adoptions)*
- Last Year's Tax Return *(1040 Form, first 2 pages only)*

Information Not Included _____
Explanation _____

If all information is not submitted, it will likely delay your file being processed.

*Please attach this checklist to the front of your application.

Please submit completed application to:

Mailing Address:

Journey Church
% The Chosen Project
PO BOX 3392
Summerville, SC 29484

Physical Address:

Journey Church Office
% The Chosen Project
262 Treeland Drive
Ladson, SC 29456