



Madison Adoption Associates

1009 Woodstream Drive ♦ Wilmington, DE 19810

Phone: 302-475-8977 ♦ Fax: 302-529-1976

www.MadisonAdoption.com

Brittany's Hope Adoption Grant **Application Form**

*This Adoption Grant Program is administered by Brittany's Hope Foundation.
Madison Adoption Associates is an affiliate agency of Brittany's Hope Foundation.
More information is available at Brittany'sHope.org*

Date of Application: _____

Adoptive Family: _____

Address: _____

Home Phone: _____

Email Address: _____

Child(ren) being adopted: _____

Expected Adoption Travel (month & year): _____

We have read the information on the Brittany's Hope website and understand our obligations if we request an Adoption Grant through MAA:

Adoptive Father: _____
Signature

Adoptive Mother: _____
Signature

Amount of Gift Request: \$ _____

Fundraising Goal (50% of Gift Request): \$ _____

Madison Adoption Associate has been allotted a limited amount of funds to award to adoptive families through this Program. The minimum amount that can be awarded is \$3000.

Disbursement of the full Grant amount will occur after families arrive home with their child. Families should not rely on these funds to pay travel costs for the adoption.

Please describe in detail your plans for reaching the Fundraising Goal:

Fundraising Plan (event, donations, etc.)	Fund Goal
	\$
	\$
	\$
	\$



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★Please fill out the attached “Certificate of Financial Status” and “Monthly Expense Report”.

Have you been approved by any bank, agency, church or foundation for financial help with this adoption? No ☐ Yes ☐ (If yes, please complete information below)

<u>Name</u>	<u>Amount</u>

Have you been applied for any other grants or financial assistance for this adoption which are still pending a response? No ☐ Yes ☐ (If yes, please complete information below)

<u>Name</u>	<u>Amount Requested</u>

Are family and friends providing financial help with this adoption? No ☐ Yes ☐ (If yes, please complete information below)

<u>Name</u>	<u>Amount</u>

Factors to be considered in receiving an Adoption Grant from Brittany’s Hope (family hardship, financial circumstances, waiting child needs, etc.):

Please use additional paper if needed for any information on this Application Form.



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CERTIFICATE OF FINANCIAL STATUS

Applicant's names: _____

		This Year	Last Year
Annual Income:	Self/wife	\$ _____	\$ _____
	Self/husband	\$ _____	\$ _____
Other annual Income:	Self/wife	\$ _____	\$ _____
	Self/husband	\$ _____	\$ _____
Life Insurance:	Self/wife	\$ _____	\$ _____
	Self/husband	\$ _____	\$ _____

ASSETS:

VALUE

Personal Property (vehicles and others)	\$ _____
Real Estate: (residence and others)	\$ _____
Stocks and Bonds	\$ _____
Savings Account(s)	\$ _____
Checking Account(s)	\$ _____
Other Investment	\$ _____

TOTAL ASSETS: (not including income & insurance) \$ _____

LIABILITIES:	MONTHLY PAYMENT:	TOTAL OWED:
Credit Cards	\$ _____	\$ _____
Home Mortgage	\$ _____	\$ _____
Other Liabilities	\$ _____	\$ _____

TOTAL LIABILITIES: \$ _____

NET WORTH: \$ _____

I/We attest that the above-mentioned financial statement is an accurate summary of my/our assets, liabilities and others.

Signature

Signature

Date

Date



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Monthly Expenses Worksheet

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

TOTAL APPROXIMATE MONTHLY INCOME: \$ _____

*Please list the amount paid each month for the following bills.
If fees vary by month, please give a reasonable estimate. Thank you!*

Mortgage/Rent \$ _____

Car # 1 \$ _____

Car #2 \$ _____

Insurance \$ _____

Utilities \$ _____

Food \$ _____

Credit Cards \$ _____

Personal Expenses \$ _____

Other: (Please list) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

Signature

Signature

Date

Date