



nightlight<sup>®</sup>  
christian adoptions

## **NIGHTLIGHT FOUNDATION (INTERNATIONAL ADOPTION) AND A RAY OF SUNSHINE (DOMESTIC ADOPTION ONLY) GRANT PROGRAM**

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. A Ray of Sunshine Grant program is funded by a donor to offset the costs of domestic adoption.

Our awards committee review applications and make awards of \$500 to \$5,000 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 grant application for the Nightlight Foundation 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).

Families applying for either the Nightlight Foundation or the A Ray of Sunshine grant, must meet the following criteria:

1. Must have already created a crowd funding page on [adoptionbridge.org](http://adoptionbridge.org)
2. 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 Tax Returns for Prior 2 Years (minimum of first two pages of Form 1040)

The Adoption Advisor will forward your application on 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 either the Nightlight Foundation or A Ray of Sunshine to replenish those funds for future families.

**GRANT APPLICATION**  
(Attach extra sheets if necessary)

Names (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

For which grant are you applying?

\_\_\_\_ A Ray of Sunshine (Domestic Adoption)

\_\_\_\_ Nightlight Foundation (International Adoption)

If international, which country: \_\_\_\_\_

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:**

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**GENERAL CONSENT FORM**

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

2. 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).
3. 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.

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 2<sup>nd</sup> property \$ \_\_\_\_\_

2. Utilities (including telephone and all monthly expenses) \$ \_\_\_\_\_

Utilities (2<sup>nd</sup> 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
<b>13.</b> 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

\_\_\_\_\_ Spouse

\_\_\_\_\_ Date