



ROLLSTONE FOUNDATION
PO Box 19
Bayport, NY 11705

APPLICATION FOR ADOPTION GRANT

(PLEASE PRINT)

Parent(s) Full Name(s)	DOB
	DOB
Address	
City, State, Zip	
Phone Number(s)	
Email Address	

** Please note: Rollstone Foundation receives more applications than can be approved. Please do not submit any supporting documents until they are requested.

Profession _____

Gross Annual Income _____
(You may be asked to provide a copy of current pay stub or top page of your most recent tax return)

Number of children already in home _____

Number of children already adopted _____

Do you have a current homestudy? Yes / No
(You may be asked to provide a copy of your current homestudy)

Homestudy Agency being used:

Agency
Name _____

Agency
Address _____

Agency
City, St Zip _____

Phone Number _____

Email _____

Contact

Person _____

Adoption Agency being used:

Agency
Name _____

Agency
Address _____

Agency
City, St Zip _____

Phone Number _____

Email _____

Contact

Person _____

Approximately at what point are you in the adoption process?

**Please provide information on the child currently being adopted, including special needs,
length of time waiting for a family, etc**

What is the full amount of grant money that you are applying for?

Are there any special circumstances that should be taken into consideration?

What else is the family doing or has done to raise funds, apply for loans, apply for other grants, etc?

Please sign and date:
