

ROLLSTONE FOUNDATION PO Box 19 Bayport, NY 11705

APPLICATION FOR ADOPTION GRANT

(PLEASE PRINT)

Parent(s) Full Name(s)	DOB
1 archi(s) 1 un Manie(s)	DOD
	DOD
	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_____

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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
Phone Number
Email
Contact
Person
A domtion A compy hains used.
Adoption Agency being used: Agency
NameAgency
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

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Has a referral been accepted for an HIV+/special needs child? Yes / No

Please list any adoption expenses already paid: (List any additional expenses on back or on a separate paper if necessary)

Please list any adoption expenses remaining: (List any additional expenses on back or on a separate paper if necessary)

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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: