



**FAMILY FORMATION**  
CHARITABLE TRUST  
*Helping Build Families Through Adoption and Assisted Reproductive Technology*

***Family Formation Grant Application***  
***For use by Individuals and Families***

*Family Formation Charitable Trust is a national 501(c)3 financial grant program that helps couples/individuals with the cost of their family building efforts - adoption or assisted reproductive technology efforts – by providing grants in the amount of \$500 to \$2000 directly to a family or to other 501(c)3 qualified organizations. The Family Formation Charitable Trust supports domestic, international and foster care adoptions, and all assisted reproductive technology efforts.*

1. Date \_\_\_\_\_
  
2. Applicant #1: Name \_\_\_\_\_
  - a. Date of Birth \_\_\_\_\_
  - b. Country of Citizenship \_\_\_\_\_
  - c. Email Address \_\_\_\_\_
  - d. Cell Phone \_\_\_\_\_
  
3. Applicant #2: Name \_\_\_\_\_
  - a. Date of Birth \_\_\_\_\_
  - b. Country of Citizenship \_\_\_\_\_
  - c. Email Address \_\_\_\_\_
  - d. Cell Phone \_\_\_\_\_
  
4. Address: \_\_\_\_\_
  
5. Home Telephone Number \_\_\_\_\_
  
6. What avenue are you pursuing to build your family? (Circle)
  - a. Adoption
    - i. Domestic      ii. International      iii. Foster Care
  
  - b. Assisted Reproductive Technology
    - i. Gestational Surrogacy    ii. Gamete Donor    iii. Traditional Surrogacy    iv. Other  
(explain) \_\_\_\_\_

7. If you are pursuing adoption, what is the name of the agency/person conducting your homestudy? \_\_\_\_\_
- a. Do you have a completed, approved homestudy per your state's regulations? \_\_\_\_\_
- b. Date of completed homestudy \_\_\_\_\_

8. If you are pursuing family building through assisted reproductive technology, have you ever been convicted of a crime? \_\_\_\_\_

If the answer to question 8 is "yes", please provide details about the charges and documents demonstrating the resolution of the charges in an attachment to this application.

9. What is the name of the attorney/professional who is representing you in your family building matter? \_\_\_\_\_

10. If you do not receive a grant from us please indicate the likelihood of being able to complete your adoption.

Would not be possible				Would be able to complete	
1	2	3	4	5	

11. Number of children in your home
- |   |       |
|---|-------|
| a. Biological                               | _____ |
| b. Through adoption                         | _____ |
| c. Through assisted reproductive technology | _____ |
| d. Legal guardianship                       | _____ |
| e. Relatives                                | _____ |

12. What were your total earnings for each of the past two years?
- a. Applicant #1: Year \_\_\_\_\_ Earnings \$ \_\_\_\_\_
- b. Applicant #1: Year \_\_\_\_\_ Earnings \$ \_\_\_\_\_
- c. Applicant #2: Year \_\_\_\_\_ Earnings \$ \_\_\_\_\_
- d. Applicant #2: Year \_\_\_\_\_ Earnings \$ \_\_\_\_\_

13. What are your projected earnings for the current year?
- a. Applicant #1: \$ \_\_\_\_\_
- b. Applicant #2: \$ \_\_\_\_\_

14. Approximately how much consumer debt do you have? (Monthly Payment)
- |   |          |
|---|----------|
| a. Mortgage or Rent payment                                       | \$ _____ |
| b. Credit Card Debt   | \$ _____ |
| c. Vehicle Loans  | \$ _____ |
| d. Student Loans  | \$ _____ |
| e. Alimony/Child Support  | \$ _____ |
| 1) Are you delinquent on child support or alimony payments? _____ |          |
| f. Medical Debt   | \$ _____ |
| g. Other (please specify)   | \$ _____ |

15. In addition to your primary residence, do you own a vacation home or other real estate?  
a. If yes, what is the approximate value? \_\_\_\_\_
16. Please itemize your total family building expenses and indicate what you have paid so far and what is outstanding. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. How have you paid for your family building expenses thus far and how do you intend to pay for the balance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Please specify the amount you are requesting from \$500 to \$2000. \$ \_\_\_\_\_
19. Does your employer have adoption benefits? If yes, please explain the benefit in detail including the maximum amount you are eligible to receive.  
a. Applicant #1 \_\_\_\_\_  
Eligible Amount: \$ \_\_\_\_\_  
b. Applicant #2 \_\_\_\_\_  
Eligible Amount: \$ \_\_\_\_\_
20. Are you applying for any other grants, loans or financial assistance? If yes, please identify the organization through which you applied, explain the status of your grant/loan/financial assistance application and provide the dollar amounts requested.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
21. Please indicate whether you have received any of the financial assistance identified in Question 18 and 19.  
\_\_\_\_\_
22. How did you hear about the Family Formation Charitable Trust? \_\_\_\_\_  
\_\_\_\_\_
23. PERSONAL STATEMENT: Please answer the questions below in a typed personal Statement. (Limit 2500 words)  
a. Are there any needs/special considerations you would like the grant selection committee to know about?  
b. If applicable, please explain your experience with adoption.  
c. If applicable, please explain your experience with assisted reproductive technology.  
d. What has inspired you to build your family through adoption and/or assisted reproductive technology?

24. Have you previously submitted an application to FFCT? \_\_\_\_\_
- a. If yes, when? \_\_\_\_\_
  - b. If yes, was your application granted? \_\_\_\_\_

**Each Applicant signing below personally attests that they have truthfully and completely answered all of the questions contained in this Application and each Applicant understands that a failure to provide the requested information could result in denial of the Application or, if a grant is made based on false or incomplete information provided by Applicant, could result in legal action against Applicant including but not limited to an action seeking return of grant funding.**

Signature, Applicant #1 \_\_\_\_\_  
Applicant #1 Name Printed: \_\_\_\_\_  
Date \_\_\_\_\_

Signature, Applicant #2 \_\_\_\_\_  
Applicant #2 Name Printed: \_\_\_\_\_  
Date \_\_\_\_\_

**\*\*Remember, that in addition to the fully completed application, you must also submit the following:**

1. \$25.00 non-refundable application processing fee;

A statement (no more than 2500 words), which should outline the details of the individual adoption or ART procedure or organizational program the applicant is undergoing and why the applicant is seeking assistance;

- (a) Verification of income for individuals in the form of a copy of tax returns from the past two (2) years and either a paystub or letter from employer demonstrating current income. For non-profit organizations, the most recent letter from an accountant referencing an independent audit has been completed and that the organization's financial statements are in accordance with generally accepted accounting principles should be submitted;
- (b) Proof of Homestudy (for applicants seeking assistance for an adoption). There should be a statement from the homestudy provider stating that the applicant(s) has an approved homestudy that is current per the guidelines of the applicant's home state. Do not send the homestudy report.
- (c) Two (2) personal references for all individual applicants, if not included as part of a homestudy.
- (d) Applicants seeking assistance for an ART procedure must also include a letter from a physician verifying that the physician is assisting them with assisted reproduction.

**Please forward the completed application and all necessary attachments, along with the application fee payable to "FFCT" in the amount of \$25, to our Executive Administrator, Jennie Sullivan, 859 Riverside Drive, Unit #11, Greenwood, IN 46142.**