

BE THE ONE, INC. GRANT APPLICATION

Date: _____

NAME: _____ NAME OF SPOUSE: _____

ADDRESS: _____

CITY _____

STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL: _____

OCCUPATION(S): 1st: _____ 2nd: _____

EMPLOYER(S): 1st: _____ 2nd: _____

APPROXIMATE YEARLY INCOME COMBINED: _____

NUMBER OF DEPENDANTS (Including parents): _____

YEARS MARRIED: _____

NAME OF ADOPTION AGENCY FOR HOMESTUDY: _____

ADDRESS: _____

PHONE: _____

CONTACT PERSON: _____

NAME OF ADOPTION AGENCY FACILITATING ADOPTION: _____

ADDRESS: _____

PHONE: _____

CONTACT PERSON: _____

PERMISSION

* We give permission for Be The One to discuss our adoption information with our adoption agency.

Signature _____

Signature _____

** Please also give permission to your caseworker to talk with our organization.

We, the undersigned, give permission to Be The One Inc. to share our story with the donors of the organization. We also agree to let them use any photos we send on their website and in newsletters for the purpose of raising funds for adoption grants.

Printed Name

Signature

Printed Name

Signature