BE THE ONE, INC. GRANT APPLICATION

Date:	
NAME:	NAME OF SPOUSE:
ADDRESS:	
CITY	
STATE: ZIP CODE:	
PHONE:	
EMAIL:	
OCCLIDATION(C), 1st.	and.
	2 nd :
EMLOYER(S): 1 st :	2 nd :
	NCOME COMBINED: S (Including parents):
YEARS MARRIED:	
	NCY FOR HOMESTUDY:
PHONE: CONTACT DED SON:	
CONTACT FERSON	
NAME OF ADOPTION AGEN	NCY FACILITATING ADOPTION:
ADDRESS:	
PHONE:	

WHAT COUNTRY WILL YOU BE ADOPTING FROM?
ARE YOU MATCHED WITH A CHILD(REN)?
IF SO, DO THEY HAVE ANY SPECIAL NEEDS?
HAVE YOU RECEIVED ANY OTHER GRANT MONIES? VALUE:
<u>OUR STORY</u>
Be The One, its board, and its donors would love to know your story. One of the ways we receive funding is by sharing stories with individuals, businesses, and churches who support our mission. Below, please write out what brought you to adoption, how God has led you on this journey, and any other thoughts you would like to share with those who have a heart for adoption.

PERMISSION

* We give permission for Be The Gagency.	One to discuss our adoption information with our adoption
Signature	
Signature	
** Please also give permission to y	your caseworker to talk with our organization.
	ion to Be The One Inc. to share our story with the donors of let them use any photos we send on their website and in ing funds for adoption grants.
Printed Name	Signature
Printed Name	- Signature