



Thank you for your interest in applying for an adoption grant through Golden Dawn Adoption Assistance Inc.! Applications will be reviewed by the Board of Directors on a case-by-case basis. We can make grants of up to \$2,000.00. Grants are to assist with your adoption fees and will be paid directly to your adoption agency.

Unfortunately, due to limited resources, not every applicant will be awarded a grant. We encourage only those with a real need for adoption financial assistance to apply. Please contact us with any questions.

Once Golden Dawn has committed to award your family a grant, your situation will be re-evaluated in conjunction with each quarterly board meeting. In the event that your grant cannot be utilized within 6 months, your application may require renewal with updated paperwork.

The application fee (nonrefundable) is \$20 payable to: Golden Dawn Adoption Assistance.

Please print the application and then fill in the blanks by hand. The application is in two parts— one page for the adopting family to complete and one page for their adoption agency to complete. Various supporting documents are required – see the checklist below.

Attach a separate page with anything you would like us to consider such as unusual financial hardships or any pertinent information about your adoption which is not covered in this application form.

Checklist for application submission

FAMILY	Check for \$20.00 payable to Golden Dawn Adoption Assistance
	Adoption grant application - family portion
	Copies of your last 2 years of Federal tax forms <i>including the schedules</i> ; black out the Social Security numbers
	Letter of recommendation from your ecclesiastical leader explaining your activity in your church - this should be on letterhead
	Copy of your home study
	Copy of the child's medical report provided in the referral information
	Copy of your approval letter from USCIS if you are adopting internationally; this should state approval to adopt a child or children with special needs
	Letter(s) from your employer(s) stating how much your current gross income is (including bonuses.) If you are self-employed, submit an accountant's statement.
AGENCY	Photo of your family (does not need to be professional)
	Adoption grant application - agency portion
	Copy of agency license
	Copy of agency fee schedule on letterhead
	Copy of the family's net worth statement used in the home study

Only complete applications can be considered for a grant. Do not submit your application until you have everything on the above checklist. Obtain the documents from your agency and add them to your documents. Mail them all together, flat, in one large envelope, to:

Golden Dawn Adoption Assistance, Inc. 4304 El Camino St Taylorsville UT 84129-5509

ADOPTION GRANT APPLICATION

THIS PAGE IS TO BE COMPLETED BY THE ADOPTING FAMILY

Name(s)				
Phone Number(s)				
Email Address(es)				
Mailing Address				
Religion				
Children: (If there is not enoug	h space for a	all of your children, p	olease conti	inue on the back of this page.)
	Adopted?			
and the child's disabilities or sp	pecial needs			de any other grants that you have
How much money were you ab	ole to raise?			
How much money are you app	lying for fror	n Golden Dawn? (uր	to \$2,000))
permission to Golden Dawn to	use any ph my respons	notos submitted by sibility to black out se	our family o	a grant by Golden Dawn, I give my on their website or other promotional ty numbers on tax or other forms and
Signature:			[Date:
Signature:				Date:

Updated: April 2, 2012

ADOPTION GRANT APPLICATION

TO THE AGENCY: Please complete this form and return it to the adopting family with a copy of your agency license, a copy of the family's net worth statement as used in the home study, and a copy (on letterhead) of the fee schedule used for this family's adoption. Please note what fees the family has already paid to your agency. The family will submit these 4 documents directly to Golden Dawn with the rest of their application packet. Please contact us with any questions.

Agency name:		
Director:		
Phone:	Fax:	
Website:	E	
Caseworker's name, phone, ema	nil:	
Date of referral:		
Name(s) of child/ren:		
Birthdate(s):		
State what, if any, fee reduction t	the agency has made:	
•	agency:	
Estimated travel date:		
	is awarded a grant by Golden Dant will be paid directly to this agency. I agree that the agency will apply and supply a receipt to both the family and to Golden Dawn AA.	awı it to
Date	Signature of agency director	