



Adoption Scholarship Application

Husband's Full Name _____ Age _____

Wife's Full Name _____ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

1st Email _____ 2nd Email _____

Date of Marriage _____

Husband's Employer _____ Length of Employment _____

Wife's Employer _____ Length of Employment _____

1. Husband's Date of Birth _____ / _____ / _____

2. Wife's Date of Birth _____ / _____ / _____

3. Names and ages of biological children in family:

4. Have you ever adopted? Yes No If yes, names/ages _____

5. Have you completed your dossier? (**if international**) Yes No

6. Do you profess Jesus Christ as your Lord and Savior? Yes No

7. Are you a member of First Baptist Church Rockwall? Yes No

8. Have you received financial assistance for this adoption from anyone else? Yes No

If yes, how much? _____ Relationship to applicant: _____

9. Are you asking for financial support from any other organization(s)? Yes No

If yes, list other areas of support _____

10. Family Blog Info _____

11. Specify any special financial considerations or circumstances we should be aware of:

ADOPTION COSTS

Applicable Expenses

Use N/A for anything that doesn't apply

	Cost	Already Paid?
Agency Fees	\$ _____	<input type="checkbox"/>
Child's Medical Exam	\$ _____	<input type="checkbox"/>
Foreign Program Fee	\$ _____	<input type="checkbox"/>
Home Study	\$ _____	<input type="checkbox"/>
In-Country Fees	\$ _____	<input type="checkbox"/>
USCIS Fees (<i>international adoptions only</i>)	\$ _____	<input type="checkbox"/>
Notarization/Authentication	\$ _____	<input type="checkbox"/>
Orphanage Fees	\$ _____	<input type="checkbox"/>
Travel First Trip	\$ _____	<input type="checkbox"/>
Travel Second Trip	\$ _____	<input type="checkbox"/>
Visas	\$ _____	<input type="checkbox"/>
Other _____	\$ _____	<input type="checkbox"/>
Other _____	\$ _____	<input type="checkbox"/>

Adoption Agency _____ Case Worker _____ Phone _____

1. Purpose

The undersigned agrees that this application is being made for the purpose of obtaining assistance with international or domestic adoptions for *members* of First Baptist Church of Rockwall. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of First Baptist Church of Rockwall (hereafter: FBCR) or Mosaic that assistance will be granted or given.

2. Authorization and Release

The undersigned authorizes any pastor, elder, minister or counsellor that may know the undersigned to release to FBCR, Mosaic, or its representatives personal information and opinions regarding the applicant's lifestyle, language, habits, truthfulness, parental fitness, and general moral and biblical character.

3. Limit of Liability

The undersigned acknowledges that FBCR and/or Mosaic has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that FBCR and/or Mosaic shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds FBCR and/or Mosaic harmless from any liability of any type or nature as a result of allowing the undersigned to submit this application.

4. Permission

The undersigned gives FBCR and/or Mosaic permission to use their story and/or photographs on FBCR's website, and/or printed material, with the purpose of helping families to adopt children.

Conditions as a requirement to participate in the adoption scholarship process for FBCR:

1. We understand we may not donate money to FBCR or Mosaic towards our own adoption expenses and receive a tax deduction.
2. Donations cannot be returned to donors.
3. We understand and accept that all funds and/or donations received by FBCR or Mosaic are under the ultimate control of the FBCR Pastoral Staff and Finance Committee that make all final decisions regarding the distribution of any funds.



CONSENT FORM

4. We understand any funds raised (including matching scholarship amount, if applicable) beyond our documented adoption costs may be used to further the ministry of FBCR and/or Mosaic and assist with other families' cost of adoption.
5. We understand that if we decide not to adopt or our adoption is disrupted for any reason we will contact FBCR or Mosaic immediately. Any funds that have not been disbursed for adoption related costs will be used to further the ministry of FBCR and assist other families with the cost of adoption.
6. We understand that in order to receive any scholarship funds, we must be members of FBCR and in good standing for at least 1 year.
7. We understand that this application is not a guarantee of approval, and that scholarships are distributed based first on need and then on funds available.

5. Attachments

1. **Picture** - If you have a picture of the child you desire to adopt, and are willing to share with us, please send in a photo along with your application. Please also include a photo of your current family.
2. **Certification of Home Study** - Please send us a certified letter from your agency validating the completion of your home study.

Note: Application processing time frame: 8-10 weeks

There are a limited number of funds that can be given. Each application is prayerfully considered. For more information, visit our website at www.firstrockwall.org/MOSAIC or call 972.771.8459.

6. Signatures

We are providing this information to FBCR and Mosaic for their internal and confidential use. All information contained in this application is accurate to the best of our knowledge.

Adoptive Father _____ Date _____

Adoptive Mother _____ Date _____

Submit Application and attachment by Mail to:

Mosaic c/o First Baptist Rockwall
610 S. Goliad
Rockwall, TX 75087

Or by Email to: mosaic@firstrockwall.org