

The Never Alone Foundation
General Grant Application

Applicant Name(s) _____ Date _____

For which grant are you applying? (Zoe's Rainbow, Hannah's Halo or Lucy's Love – please see website for descriptions of each program) _____

Address _____ City _____ State & Zip _____

Phone Number _____ Email _____

Number of children in immediate family _____

From which country are you adopting? _____ How many children? _____

Have you been matched? _____ Date matched _____ Anticipated travel date _____

Does your employer have adoption benefits? If so, how much?

Amount of grant you are requesting _____

Are you applying for other grants or forms of financial assistance? _____

If yes, please list:

Have you received any other financial assistance? If yes, please list:

How did you hear about The Never Alone Foundation? _____

Please list your adoption agency name, address and a phone number _____

For Zoe's Rainbow applicants only – Where in the adoption process is your family?
(Strong consideration is given to families who have been matched or who are in the
process of being matched.) _____
