



Grant Application

Please keep in mind that the SFAAF does not fund full adoptions but is designed to provide the last increment of funding that deserving adoptive parents need to reach their financial goals for adoption.

The SFAAF does not consider the race, national origin, creed, religion, marital status or sexual orientation of the applicant.

The requirements to receive a grant are as follow;

- **Licensed Agency-** Your adoption process must be through a verifiable not for profit 501(c)(3) licensed agency.
- **Home Study-** Applicants must have a completed home study or home study update by a licensed agency prior to submitting an application.
- **Financial Need-** Applicants are required to demonstrate their financial need based on income and assets.
- **U.S. Citizen-** Applicant must be a U.S. citizen

Once you have determined that you meet the eligibility requirements you are now able to start the online application process. Please follow these steps;

1. Fully complete the SFAAF grant application. You must complete all fields to be considered.
2. Write a letter to the fund detailing your individual situation. Please describe your adoption story and the financial need you are experiencing.
3. Include two letters of reference.
4. Prepare items 2 and 3 in Word doc format and email to grants@stoneadoption.org.

Completed applicant packages will be reviewed by the Executive Committee on a quarterly basis. Applicant interviews with a representative of the fund will then be conducted. Grant awards will be a range of \$2,000 to \$5,000 depending on demonstrated need.

Our fund has limited resources and we regret that we are not able to provide grants to all qualified adoptive parents.

Information Privacy- All information provided in this application will be held confidential. Your information will only be used for the purpose of evaluating grant approval.

Contact Information

First Name: _____ Middle Name: _____

Last Name: _____

Spouses Name: _____

Street 1: _____

Street 2: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone #: _____

General

Are you adopting through a licensed 501(c)(3) agency? Yes No

Date home study was completed: _____ Are you a US citizen? Yes No

Number of dependent children in your immediate family: _____ Have you adopted before? Yes No

Are there special needs considerations? Yes No

If yes, please explain: _____

Employment

Employer Name: _____

Position: _____

Employment Date: _____ Spouses Employment: _____

Adoption Agency Information

Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Website: _____

Caseworkers Name: _____

Adoptee Information (if available)

Adoptee's First Name: _____ Adoptee's Last Name: _____

Birth date: _____ Country of Origin: _____

Expected Placement date: _____

Adoptee's Special Needs: _____

Complete this form and mail to:

The Stone Family Adoption Assistance Fund
c/o Stone & Company, LLC
57 Bedford Street, Suite 225
Lexington, MA 02420