

**Century Baptist Church
Orphan Ministry Adoption Grant Application**

The purpose of this application is to guide the Orphan Ministry Advisory Team of Century Baptist Church to wisely award grants to couples adopting orphan children domestically or internationally.

Please fill out the information below and submit this application to the church office for consideration by the Orphan Ministry Advisory Team.

General Information:

Husband's Name: _____ Age: _____

Wife's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: (H) _____ (W) _____ (Cell) _____

Email: _____

Date of marriage: _____

Names and ages of biological or adopted children in family: _____

Type of Adoption you are seeking: Domestic ____ International ____

Working through which agency(ies): _____

Contact person(s): _____ Website(s): _____

References:

Name of Pastor: _____ Phone: _____

Name of Friend: _____ Phone: _____

Other Information:

1. Share your salvation testimonies. *(Please use a separate sheet of paper)*

2. How has God led you to adopt (adoption testimony)? *(Please use a separate sheet of paper)*

3. Describe your daily walk with God.

4. Describe your involvement in your local church.

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

6. If international adoption, from which country are you planning to adopt?

7. At which stage in the adoption process are you?

8. For which financial grant are you applying (Check all that apply):

_____ Stage One: \$1,000 initial grant following home study (Couple reaches \$5,000 or more as they begin the process. Couple will provide documentation regarding home study completion)

_____ Stage Two: \$2,000 continuing grant (Couple reaches \$5,000 or more in continued expenses. Couple will provide documentation regarding the submission of dossier, or domestic adoption equivalent)

_____ Stage Three: Following an official referral from the couple's agency CBC provides facilities for a travel assistance fundraiser in accordance with the church's Private Event Policy. (Couple provides Advisory Team the general dates and available details of your travel to pick up your child).

9. Please list all other funding sources you have utilized, or are in the process of utilizing, for your adoption.

10. Please provide any other information about yourself which might be helpful.

Consent Details:

1. PURPOSE

The undersigned agrees that this application is being made for the purpose of obtaining assistance with international or domestic adoption. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of Century Baptist Church that assistance will be granted or given.

2. AUTHORIZATION AND RELEASE

The undersigned authorizes any pastor, elder, minister or counselor included in the list of references to release to Century Baptist Church 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 Century Baptist Church has not made any representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that Century Baptist Church shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds Century Baptist Church 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 Century Baptist Church permission to use their story and/or photographs on Century Baptist Church’s website, and/or printed material, with the purpose of helping families to adopt children. (Your answer does not have an effect on financial assistance)

Yes _____ No _____

Thank you for your willingness to participate in this grant application. We are excited for you and the child or children you hope to adopt. Our prayer is that you will attain the wonderful goal of providing a Christian home for an orphaned child.

All information contained in this application is accurate to the best of our knowledge.

Adoptive Father _____ Date _____

Adoptive Mother _____ Date _____

Submit Grant Application to:

Orphan Ministry Advisory Team
Century Baptist Church
205 Colt Ave.
Bismarck, ND 58503

Office use: Date approved _____ Amount _____

Accepted and signed by _____
(Century Baptist Church Orphan Ministry Advisory Team)

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