



# ADOPTION FUNDING APPLICATION

Please complete application and return to the church office.

**Office Use.** Revised 1/20

Date Received \_\_\_\_\_ Date submitted to L-Team \_\_\_\_\_  
 Financial Office Review \_\_\_\_\_ Approved Y N Gift Amount \_\_\_\_\_

Thank you for considering how adoption contributes to a life-giving culture. We love how the gospel clearly teaches that all life is valuable and as a result all children are worthy of belonging to a family. The following is an application we use to consider financially partnering with your adoption.

Some of these questions are quite personal. Our desire in asking these questions is to accomplish 2 things:

1. We truly value your story. We believe God is telling something good in your household and we value knowing you.
2. We desire to have a relationship with you that encourages faithfulness to be given and received as we pursue our values of reach, worship, learn, relate, serve and give. Our hope is for these questions to encourage us all to that end.

## GENERAL INFORMATION

Name (both if married) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (home/cell/bus) \_\_\_\_\_

Emails \_\_\_\_\_

Marital Status (circle) Single / Engaged / Married / Separated / Divorced / Widowed / Remarried

## ADOPTION DETAILS

Name and address of adoption agency \_\_\_\_\_

Have you completed your home study? (circle) Y N | If no, when will it be completed? \_\_\_\_\_

How many children are you planning to adopt? \_\_\_\_\_

What country are you adopting from? \_\_\_\_\_

Do you have other children? (circle) Y N  
If yes, list names and ages \_\_\_\_\_

What is the anticipated total cost of the adoption? (include agency & government fees, travel expenses, etc.)  
A close estimate is acceptable \$ \_\_\_\_\_

When do you anticipate bringing your child(ren) home? \_\_\_\_\_

## CHURCH INFORMATION

Are you a member of Magnify Church? (circle) Y N | How long?

If not a member, are you a regular attender of Magnify Church? (circle) Y N | How long?

Do you faithfully support MC financially through tithes and offerings? \_\_\_ Y \_\_\_ N \_\_\_ I give but, inconsistently  
*Our policy is to assist members and/or regular attenders who support MC ministries faithfully with their tithes and offerings. Our financial office will review this application.*

Which MC pastor or church leader has most closely observed your life and ministry?

List your current and previous ministry involvement at MC, include length of time.

## FINANCIAL DETAILS

Occupation(s) & Location(s)

Total annual household income \$

How much of the adoption cost do you personally plan to contribute?

How do you plan to raise the remaining support needed?

Are you receiving other financial assistance for your adoption (family, friends, grants, loans, etc.)? (circle) Y N  
If yes, please explain.

## SPRITUAL INFORMATION

**Briefly explain how you came to know Christ as your Savior and Lord and discuss your spiritual growth.**

- What was your life like prior to you coming to know the Lord?
- What brought you to the decision to follow Him?
- How has your life changed since you accepted Christ as your Savior?

**Parent 1**

**Parent 2**

Why do you think God wants you to grow your family through adoption?

List any major hurdles or concerns regarding your desire to adopt (finances, family support, relations, fear, etc).

## REFERENCES

Please list three references who have known you at least one year. At least one should be a pastor/ministry leader.

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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Applicant's Signature(s)

Date

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Applicant's Signature(s)

Date

**Please return this completed application the church office.**

**Magnify Church  
6727 Kuttshill Dr NE  
Rockford MI 49341**