



GOD'S GRACE ADOPTION MINISTRY, INC.

Application for Financial Aid

Date _____

PO Box 4, Modesto, CA 95353

Name	_____			
	(husband)	(wife)	(last)	
Address	_____			
	(street)	(city)	(state)	(zip)
Telephone	_____			
Date of Marriage	_____	City and State	_____	

Husband

Wife

Age	Date of Birth
Place of birth	
Social Security #	
Previous Marriages _____ (Provide marriage date, termination date, and how terminated on back of page)	
Current employment _____	
Address _____	
Telephone # _____	
Position _____	
Length of employ _____	

Age	Date of Birth
Place of birth	
Social Security #	
Previous Marriages _____ (Provide marriage date, termination date, and how terminated on back of page)	
Current employment _____	
Address _____	
Telephone # _____	
Position _____	
Length of employ _____	

Children

Name	Sex	Age	Birthdate	Adopted / Biological

Church Affiliation

Church attending	_____		
Address	_____		
Name of Pastor	_____	Phone #	_____

Adoption Agency

Name of agency coordinating adoption	_____		
Address	_____		
Contact person	_____	Phone #	_____

**Learning more about you spiritually is one of G.G.A.M.'s primary goals.
 Husband and wife answer separately the following questions.**

Please do not staple forms - Provide responses on separate sheet, not on back of form

1. Give your Christian testimony.
2. Who do you believe Jesus Christ is?
3. How do you define a Christian?
4. How does the Bible affect your life?
5. What role does your church family have in your life?

Financial Information (either spouse reply)

1. What is your family's annual income? _____
2. List asset accounts: savings / checkings accounts _____
 cd's / money market accounts _____
 401K / retirement accounts _____
3. List your financing options: amount of home equity _____
 family assist. available _____
 fundraising activities _____
4. List any financial investments - stocks / mutual funds _____
5. Do you have adoption assistance available through your employer? _____
6. Have you applied for or received any other adoption grants? _____

References (immediate relatives excluded) Please provide at least three

Name	_____			
Address	_____			
	(street)	(city)	(state)	(zip)
Telephone	_____			
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*** PLEASE RETURN BY MAIL WITH APPLICATION FEE OF \$10.00**

