



East Main Presbyterian Church
Growing in Christ Inside Out

East Main Adoption Ministry Grant Application:

Your Contact Information

Name: _____

Spouses Name: _____

Address: _____

Phone Number: _____

Email: _____

Adoption Information

Name of Adoption Placement Agency:

Are they an official 501(c)(3)? Yes No

Address: _____

Phone Number: _____

Website: _____

Name and email of primary contact at agency:

Date of completed Dossier: _____

Name of Home Study Agency:

Address: _____

Phone Number: _____

Website: _____

Name and email of primary contact at agency:

Date of completed Home Study: _____

1. How have you come to pursue adoption?
2. Please describe the particulars of your anticipated adoption – country, age, siblings, special needs, etc.
3. Where are you in the adoption process?
4. Briefly describe your current faith commitment.
5. How did you come to learn about East Main's Adoption Ministry Grants?
6. How do you plan to fund your adoption? What additional sources of funding have you explored?

If you need more space, please attach an additional sheet

Please list two personal references:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Signature: _____

Date _____

Please send this application and a list of your adoption expenses to:

East Main Adoption Ministry
Attn: Lori Bishop
22 Kings Lane
Grove City, PA 16127