



## CUYAHOGA VALLEY CHURCH ADOPTION GRANT APPLICATION

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### PURPOSE

We believe adoption is growing God's Kingdom one child at a time. For those who feel called to adopt, our CVC Adoption Grant Fund exists to help counter the high costs of adoption. We are honored that you would allow us to become part of your adoption journey. There are a variety of steps to complete to apply for an Adoption Grant through CVC. Please see below for all the guidelines and requirements to be considered. *"God sets the lonely in families..."*--Psalm 68:6 (NIV)

### PARAMETERS

Cuyahoga Valley Church (CVC) members and regular attenders may apply for financial assistance through our CVC Adoption Grant Fund.

### PROCESS

1. Complete the CVC Adoption Grant Application
2. Complete the Home Study process, as set forth by your Adoption Agency
3. Attach to the Adoption Grant Application copies of the Home Study Report, Adoption Agency Fee Schedule, three (3) letters of reference (one being a pastoral reference), and the Spiritual Life information as requested on the Application.
4. Completed Applications can be mailed or hand-delivered in an envelope addressed to:  
  
CVC Adoption Grant Team  
Attention: Greta Smith  
Cuyahoga Valley Church  
5055 East Wallings Road  
Broadview Hts., OH 44147
5. The Application will be reviewed and verified. You will then be contacted to arrange a meeting with the Adoption Grant Team. Both husband and wife are required to attend. To avoid distractions during this meeting, we request that you arrange for childcare. The purpose of this meeting is to establish that you are equipped and prepared to provide a child with a loving home consistent with biblical principles.
6. Processing may take at least five (5) business days from the date it is received. Incomplete Applications may delay the review of your request.
7. If your Application is approved, check(s) will be made payable directly to the service provider(s) and mailed from the CVC offices.
8. CVC reserves the right to decline monetary assistance based on information received either on the submitted Application or during the interview.
9. The information provided to the Adoption Grant Team will be kept as confidential as possible. As your Application is processed, your information may be reviewed by certain members of the CVC Staff, Pastors, Elders, and/or Leadership Team.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

# CUYAHOGA VALLEY CHURCH ADOPTION GRANT APPLICATION

Date: \_\_\_\_\_

## FAMILY INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Referred by: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other persons living with you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

For children listed above, are they active in CVCKids (Infants through Grade 5)? Yes  No

For children listed above, are they active in CVCYouth (Grades 6-12)? Yes  No

## EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_ How Long? \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ How Long? \_\_\_\_\_

If Unemployed, How Long? \_\_\_\_\_

Reason for Unemployment? \_\_\_\_\_

## CVC RELATED INFORMATION

1. **Are you Currently:** Member  Regular Attender  Visitor  How long? \_\_\_\_\_ What service time? \_\_\_\_\_

2. **Are you in a LifeGroup?** Yes  No  Leader's Name: \_\_\_\_\_

3. **Are you serving in a ministry?** Yes  No  Where: \_\_\_\_\_

5. **Have you received financial aid/scholarship assistance from CVC previously?** Yes  No

If yes, how much & when? \_\_\_\_\_

6. **Have you received assistance from any other Church, Ministry or Agency during the past 6 months?**

Yes  No  If yes, whom? \_\_\_\_\_

Amount and /or type of assistance? \_\_\_\_\_

Continues on the reverse.

**SPIRITUAL LIFE (On a separate sheet of paper, respond to the following)**

1. Your Christian Testimony
2. How do you define a Christian?
3. How does the Bible affect your life?
4. What role does the church family have in your life?

**ADOPTION AGENCY INFORMATION (Name of Agency, contact name, address, phone)**

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**CHILD DETAILS**

Are you matched? Yes  No

Please tell us about the child you plan to adopt (International, Domestic, Special Needs)

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If there are planned or confirmed travel dates, please provide those details.

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**FINANCIAL**

What are your financial options? (Home Equity, Family Assistance, Other Grants)

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List other funding (Grants, Scholarships, etc.) applied for and/or received.

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**The CVC Care and Connections Team oversees the disbursement of all Adoption Grant monies.**

Applicant's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

*For office use only:*

Approved by Adoption Grant Team: \_\_\_\_\_

Approved by Adoption Grant Team: \_\_\_\_\_

Approved by Adoption Grant Team: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT:**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_ Payable to: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_ Payable to: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_ Payable to: \_\_\_\_\_

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Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_ Payable to: \_\_\_\_\_