



Beginnings

Family and Children's Services, Inc.

Uniting Families Since 1985

Timothy Sutfin
Executive Director

Kafala Fund Grant Application

First Name: _____ Last Name: _____		First Name: _____ Last Name: _____	
E-mail: _____		E-mail: _____	
Best contact telephone: _____		Best contact telephone: _____	
Occupation _____		Occupation _____	
Annual Gross Combined Income as indicated on the most recent tax return(s)			\$ _____
Other Income _____		Other Income _____	
		\$ _____	\$ _____
Checking \$ _____	Savings \$ _____	Home value \$ _____	
Other Assets (stock, 401K, etc.) _____ \$ _____		Other Assets (stock, 401K, etc.) _____ \$ _____	
	Monthly Payments	Total Owed	
Auto loans / Leases	\$ _____	\$ _____	
Education loans	\$ _____	\$ _____	
Mortgage / Maintenance / Rent	\$ _____	\$ _____	
Credit Card Debt	\$ _____	\$ _____	
Other _____	\$ _____	\$ _____	
Other _____	\$ _____	\$ _____	
Total	\$ _____	\$ _____	
Have you attempted to secure funds through other sources or applied for other grants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly describe:			
Special consideration:			

There is a \$25 Grant Application fee payable with the application. New Beginnings will verify your information with the documents provided to us for your home study and dossier. Regrettably, not all applications can be approved. The Grants Selection Committee will notify you if additional information is needed.

I attest that the true and correct to the best of my knowledge. Furthermore, I agree to allow New Beginnings to publish information on my adoption and the grant to promote the Beyond the Placement Program and New Beginnings.

Signature

Date

Signature

Date

New York Headquarters
87 Mineola Blvd.
Mineola, New York 11501

Pennsylvania
1158 N. York Road
Warminster, Pennsylvania 18974

Florida
4822 CR 134c
Wildwood, Florida 34785