



Affording Adoption Foundation

APPLICATION RESUBMISSION REQUEST

Although you were not selected during the most recent application period, you may request that we submit your Grant Application during the next application period.

Remember - we do NOT reimburse for fees/expenses that have already been paid. Please look carefully at the Application Deadlines to make sure that you will still have outstanding bills that will be due.

Please complete this form and the Updated Financial Information page and mail it to:

Affording Adoption Foundation, PO Box 834, Nixa, MO 65714

before the next Application Period Deadline. Please email us at cindy@affordingadoption.com when you mail this, to make us aware that it is being submitted.

Date: _____

Grant Applicant(s): _____

Address: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

When was your application first submitted?

Between March 2 - July 1, 2011 Between July 2 - November 1, 2011 Between January 1 - March 1, 2012

You may request to have your Application resubmitted in each application period for 365 days after we received your initial application without paying an additional Application Fee. You must complete a Resubmission Request for each application period in which you wish to re-apply. Completing this Resubmission Request does not guarantee that you will be chosen during any future application periods.

Your application will be reviewed with the other applications each period, as if it was a new application.

Please contact us if you have any questions at info@affordingadoption.com

Please include a statement of any changes that have occurred since you last applied for an adoption grant. These can be related to your financial status, or related to the child(ren) you are adopting.



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UPDATED FINANCIAL INFORMATION as of _____:
(date)

FUNDING SOURCES SPECIFIC TO ADOPTION EXPENSES If you have funds that are specifically designated for paying for this adoption, please list those here.	Amount	✓ Received
Personal Funds Currently Saved	\$	
Employer Benefits (Adoption Assistance)	\$	
Frequent Flyer Miles (please note the number of tickets you can redeem)		
Adoption Tax Credit (State & Federal)	\$	
Adoption Grants Received	\$	
Loans/Lines of Credit (HELOC, Credit Cards. etc)/Gifts from others	\$	
Other:	\$	
Other:	\$	

Adoption Expense	Total Cost	Balance Due (Amount)	✓ Paid in Full	Payment Due (Date)
Agency Fees	\$	\$		
Program Fees	\$	\$		
Home Study Fees	\$	\$		
Attorney Fees	\$	\$		
USCIS Fees	\$	\$		
Dossier Expenses	\$	\$		
Orphanage Donation	\$	\$		
Travel Expenses - visit	\$	\$		
Travel Expenses - pick up trip	\$	\$		
Other:	\$	\$		
Other:	\$	\$		
Other:	\$	\$		
TOTAL EXPENSES:	\$	\$		

Signature(s) of applicant(s): _____ **Date:** ____/____/____

_____ **Date:** ____/____/____