



Cape Bible Chapel ABBA Fund

Interest-free adoption loans for Christian couples

APPLICATION FOR ADOPTION FINANCIAL ASSISTANCE

Please complete in full and print legibly or type.

Amount of financial assistance requested \$ _____ Date _____

Adopting father's name _____ Email address _____

Street Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Cellular phone (____) _____

Occupation _____ Name of employer _____

Business address _____ City _____ State _____ Zip _____

Business phone (____) _____ Business email _____ Business fax (____) _____

Monthly salary (gross) \$ _____ Employed since _____ Previously employed as _____

Name of previous employer _____ Dates of previous emp.: from _____ to _____

Social Security No. _____ Citizenship: ____ USA Other: _____ In U.S. since _____

Driver's license no. _____ State _____ Age _____ Date of birth ____/____/____

Adopting mother's name _____ Maiden name _____

Occupation _____ Name of employer _____

Business address _____ City _____ State _____ Zip _____

Business phone (____) _____ Business email _____ Business fax (____) _____

Social Security No. ____-____-____ Driver's license no. _____ State _____

Monthly salary (gross)\$ _____ Employed since _____ Age _____ Date of birth ____/____/____

Citizenship: ____ USA Other: _____ Date of Marriage: _____

Name of nearest relative _____ Relationship _____

Relative's address _____ City _____ State _____ Zip _____ Phone (____) _____

Current Dependents

Name	Age	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

How did you hear about **The ABBA Fund**? _____



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Details of Adoption

Name of Adoption Agency _____

Address _____ City _____ State _____ Zip _____

Name of contact person or social worker _____ Telephone _____

When others hear your "adoption story" it may prompt them to give money to The ABBA Fund so we can help more families like yours. May we use your "adoption story" and photographs on our website and/or in other electronic or printed media for these purposes? (Your answer will not affect our decision regarding whether financial assistance will be provided to you.)

Yes No

Can we add you to our monthly email newsletter list? Yes No

Number of children you are adopting _____ From what country _____

Have you been matched with a child(ren) by a licensed adoption agency? Yes No

Ages of the children _____

Special Needs of the children (if any) _____

Have you completed the process in order to receive approval for travel to pick up the child(ren)? Yes No

Expected date of approval _____ Expected date of travel to pick up child(ren) _____

Would you be able to complete the adoption without this assistance from **The ABBA Fund**? Yes No

To reimburse **The ABBA Fund** for the financial assistance provided to you, what monthly amount could you covenant to repay each month until full reimbursement is made? \$ _____ per month.

Adoption Costs:

Agency Fees _____

Foreign Program Fees _____

Home Study _____

In-Country Fees _____

INS Fees _____

Orphanage Donation _____

Notarization/Authentication _____

Translation Fees _____

Travel First Trip _____

Travel Second Trip _____

Visas/Passports _____

Other: _____

Other: _____

Total Adoption Costs _____

Source of Funds:

Personal Funds (savings, etc.) _____

Employer Assistance _____

Home Equity Line _____

Other Loans/Grants Applied for: _____

Name: _____

Name: _____

Name: _____

Other: _____

Total Estimated Resources: _____



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Applicant and spouse must answer the following questions (attach an additional sheet of paper if necessary):

1. What is your church involvement?

2. What is your spiritual testimony?

3. Why are you adopting?

4. What is your philosophy regarding the spiritual training of your child(ren)?

5. What is your philosophy regarding the education of your child(ren)?

6. How would you describe your "parenting style"?



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7. What do you believe the roles of a Father and Mother are?

8. What is your understanding of a covenant and your obligation to fulfill your part of a covenant that you make?

Church Information:

Church Name _____ Pastor's Name _____

Street Address _____ City _____ State _____ Zip _____

Church Phone Number _____ Church website _____

Member Regular Attendee

Does your church presently have an adoption/orphan care ministry? _____

Would you be interested in learning more about starting an adoption fund or ministry at your church? _____



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We hereby give consent for **The ABBA Fund** to contact our adoption agency and any other person or institution named in this application and we authorize such persons and institutions to release information to **The ABBA Fund**. We also understand and agree that The ABBA Fund is not obligated to provide any assistance to us.

Signature of Adopting Father

Signature of Adopting Mother

Mailing Information

Please submit your completed application along with a copy of the following documents to **The Cape Bible Chapel ABBA Fund Committee** at the 2911 Kage Road, Cape Girardeau, MO 63701 – Attention Joel Neikirk.