



New Beginnings

Family & Children's Services, Inc.

Uniting Families Since 1985

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? ☐ Yes ☐ 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 Beginnings

87 Mineola Boulevard, Mineola, NY 11501

516-747-2204 • nb@new-beginnings.org • www.new-beginnings.org

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