

Grant Application Checklist:

- Copy of your completed home study sent from home study agency
- Typed Personal Statement of Faith for Each Applicant
- Signed Volunteer Commitment page
- Signed and Completed Scion Tree Foundation, Inc. Grant Application
- Prior two years of tax returns
- Letter of Recommendation sent from your Pastor/Spiritual Mentor
- Signed Authorization for Use and Disclosure of Protected Health and Other Personal Information

Send To:

Scion Tree Foundation, Inc.
Adoption Grant Application
1150 Hungryneck Boulevard - Suite C-175
Mount Pleasant, SC 29464

Deadline:

Applications are reviewed quarterly. First quarter applications must be postmarked in full by February 17 in order to be distributed May 31. Second quarter applications must be postmarked in full by May 19 in order to be distributed June 30. Third quarter applications must be postmarked in full by August 19 in order to be distributed September 30. Fourth quarter applications must be postmarked in full by November 19 in order to be distributed December 31.

Criteria for application consideration (*incomplete applications will not be accepted*):

- Completed home study
- Must exhibit financial need and significant obstacles and/or hardships
- Must be a U.S. Citizen
- Must be affiliated with an accredited adoption agency or attorney specializing in adoption. You will be asked to provide all contact information
- Must be able to commit to 1 hours of volunteer service through Scion Tree, Inc. per \$100 awarded including, but not limited to sharing adoption story with another adopting family, fundraising for another adoptive family, submitting a written blog for Scion Tree, Inc. website, etc.

Factors to be considered by Grant Review Committee:

- Those with disrupted procedures who lost their money due to incomplete adoption
- Substantial Financial Need
- Applicants adopting children with health conditions or children in peril due to life-threatening conditions



Scion Tree, Inc. – Adoption Grant Application

Date of Application:	
Applicant 1 Name:	
Date of Birth:	
Applicant 2 Name:	
Date of Birth:	
Address:	
Email(s):	
Home Phone:	
Cell Phone(s):	
Number of Children in the Home (Names and Ages):	
Previous Adoptions: (If yes, please provide written statement)	

Scion Tree, Inc. – Adoption Grant Application

Applicant 1 Employer and Occupation:	
Applicant 2 Employer and Occupation:	
Employer Adoption Benefits:	
Applicant 1 Gross Income for the previous 3 years:	
Applicant 2 Gross Income for the previous 3 years:	
All Sources of Income with Annual Value in Excess of \$500:	
List all Assets with a Value greater than \$1,000.00:	
Child Support or Spousal Support Paid or Received:	
List all Debts, Monthly Payments, and Total Amount Owed:	
Anticipated Financial Change within next 12 Months:	

Scion Tree, Inc. – Adoption Grant Application

<p>Itemized Adoption Expenses: (use separate sheet if needed)</p>	
<p>Circle Grant Amount Requested:</p>	<p style="text-align: center;">\$500 \$1,500 \$2,000 \$2,500 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000</p>
<p>Other Adoption Grants/Loans Applied for: (please provide source, date, amount requested, and amounts awarded)</p>	
<p>Contact Information for Your Adoption Agency or Adoption Attorney:</p>	
<p>How did you hear of Scion Tree, Inc.</p>	
<p>Additional planning and actions that have been taken to prepare and provide for the financial responsibilities of the adoption process:</p>	
<p>Personal Statement of Faith: (Please provide a typed separate sheet for each applicant):</p>	<ol style="list-style-type: none"> 1. How did you come to your personal faith in Jesus Christ? 2. What does it mean to be a follower of Jesus? 3. How will you raise your children to know Jesus Christ? 4. Describe your daily walk with God. 5. What role does the church body play in your life? 6. How has God called you towards adoption?

	7. Are there any special needs or considerations you would like the grant selection committee to know about?
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By signing this application I/we acknowledge that all of the information provided in this grant application is truthful and accurate. I/we understand, authorize and agree that our complete application (including personal statement, which may include personal identifying information and personal medical information) will be reviewed by the grant selection committee and the board of directors of Scion Tree, Inc. Additionally, I/we authorize Scion Tree, Inc. to contact all of our service providers that we have listed on our behalf to clarify or verify and of the information provided. Scion Tree, Inc. reserves the right to verify any and all information contained herein. The undersigned acknowledge that this application has been made for the purpose of financial support in adopting. The undersigned understand that completion of this application does not guarantee financial assistance.

Selection Process Policies:

- Grants will be disbursed only for qualified adoption expenses that have been approved by Scion Tree, Inc.
- Grants will be paid directly to the third party related to the adoption expense(s).
- No party shall be deemed a third party beneficiary of any grant awarded.
- Family members and close personal friends connected to the Board of Directors are prohibited from applying for grants.
- Scion Tree Foundation, Inc. Grant Committee will review all applications and personal statements of faith. The complete applications that meet all of the aforementioned criteria and exhibit the greatest financial need, significant obstacles and hardships will be presented to and reviewed by the Board of Directors for final selection.
- Grant recipients will be notified by phone and mail when a decision is made.
- A representative of Scion Tree Foundation, Inc. will contact you via email or phone within one week of receiving your submission to confirm its arrival. If there are any problems with your application we will contact you directly.
- Grants must be utilized within twelve months of the awarded date. If recipient does not use the money, it will return to Scion Tree, Inc. and will be redistributed in the next grant cycle.
- If at any time recipient terminates the adoption plans (for example: due to natural pregnancy, divorce, etc.) the remaining grant money will be forfeited, it will return to Scion Tree, Inc. and will be redistributed in the next grant cycle.
- Applicants may apply annually but may only receive one grant.
- Scion Tree Foundation, Inc. will not award grants for completed adoptions.

Scion Tree, Inc. – Adoption Grant Application

- All U.S. citizens can apply.
- The decisions made by Scion Tree Foundation, Inc. will be final and binding in their sole and absolute discretion. Scion Tree Foundation, Inc. will retain all applications and their attached documentation for twelve months at which time they will be destroyed.

Please sign where indicated.

Date:	Date:
Applicant 1 Signature:	Applicant 1 Printed Name:
Applicant 2 Signature:	Applicant 2 Printed Name:

[Please complete the Volunteer Commitment Form and Authorization for Use and Disclosure of Protected Health and Other Personal Information Form enclosed]

VOLUNTEER COMMITMENT FORM

This form acknowledges your commitment to serve _____ hour(s) (a minimum of one hour per \$100 awarded) as a volunteer with Scion Tree Foundation, Inc. during the 20____year. Our organization is truly blessed with the giving and commitment of time and talents of all our volunteers. Our partners greatly benefit from all your hard work and desire to support their shared vision for child advocacy in this way.

VOLUNTEER REQUIREMENTS

Every volunteer must have on file with Scion Tree Foundation, Inc.; the following completed and signed forms:

- Criminal Background Check (included in copy of completed home study sent from your Home Study Agency)
- Release From Liability Form (provided only if grant is awarded)
- Volunteer Commitment Form

I, _____, express my intent to volunteer and agree to accept the responsibilities and conduct myself with integrity while serving as a volunteer representing Scion Tree, Inc.

I agree to accept guidance from the Scion Tree Foundation, Inc. staff and support the organization's Mission and Statement of Faith, and fulfill my volunteer agreement to the best of my ability.

I understand that by volunteering under this agreement, I will not receive any compensation for the work I am performing and that I will NOT be considered to be an employee of Scion Tree, Inc. I understand that volunteer service does not guarantee my application will be awarded grant money or any other employee benefits. I also understand that either Scion Tree, Inc. or I may cancel this agreement at any time by notifying the other party. I agree to provide my services for the number of hours as requested and fulfill my commitment on an as needed basis.

Signature: _____ Date: _____

Signature: _____ Date: _____

HIPAA and HITECH Release and Waiver

Applicants understand that they are voluntarily releasing Protected Health Information (“PHI”) as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), or the Health Information Technology for Economic and Clinical Health Act ("HITECH"), and any amendments or implementing regulations, (collectively ("HIPAA Rules")).

Applicants expressly agree, and waive any and all claims based on, Scion Tree, Inc.’s receipt of PHI that is necessary for its own proper management and administration and to carry out its legal responsibilities. Scion Tree, Inc. shall not disclose any PHI received from Applicants and shall only disclose PHI as required by law.

Scion Tree, Inc. shall use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 ("Security Rule") with respect to electronic PHI, to prevent the use or disclosure of PHI. Scion Tree, Inc. shall immediately report to Applicants any use or disclosure of PHI not provided for by this agreement, including breaches of unsecured PHI in accordance with 45 CFR Subpart D of 45 CFR 164 ("Breach Notification Rule"), and any security incident, of which it becomes aware. Within ten (10) days of a request by Applicants for access to PHI about information contained in a Designated Record Set, Scion Tree, Inc. shall make available to Applicants such PHI for so long as such information is maintained by Scion Tree, Inc. in the Designated Record Set, as required by 45 CFR 164.524. In the event any individual delivers directly to Scion Tree, Inc. a request for access to PHI, Scion Tree, Inc. shall within five (5) days forward such request to Applicants. In the event Scion Tree, Inc. receives a subpoena, court or administrative order, or other discovery request or mandate for release of PHI, Scion Tree, Inc. shall work collaboratively with Applicants to provide a response to such request. Scion Tree, Inc. shall notify Applicants of the request as soon as reasonably practicable, but in any event within five (5) days of receipt of such request.

Applicants understand and accept that Scion Tree, Inc. shall return to Applicants or destroy all PHI received from Applicants within 120 days of the date of the application and that under no circumstances shall Scion Tree, Inc. be deemed to be a owner of any PHI received.

APPLICANTS EXPRESSLY WAIVE ANY AND ALL CLAIMS AGAINST SCION TREE, INC. RELATED TO PHI RECEIVED FROM APPLICANTS.

Applicant 1

Applicant 2

Date

Date