

Arms of Compassion
Application for Adoption / Foster Care Compassion Grant

Name of Applicant: _____

Address: _____

Phone: _____ Email: _____

Number in Applicant's Household: _____ Total Yearly Income: _____ Monthly Expenses: _____

Names, Ages, and Gender of Children in Household: _____

Adoptive/Foster Child's Name: _____

Age: _____ Gender: _____ Country: _____

Agency Name: _____ Agency Representative: _____

Address: _____

Phone: _____ Email: _____

Pastor's Name: _____ Name of Church: _____

Address: _____

Phone: _____ Email: _____

How many *Care Kits are you willing to transport to child's orphanage? _____

**Care Kits are 1-gallon zip lock bags filled with personal care items, weighing approximately 2 pounds each.*

Your Brief Story: _____

Child(ren)'s Brief Story (if available, please include picture): _____

Purpose of Grant: _____

Amount Requested (Max: \$500): _____ Explanation: _____

To whom should check be addressed? _____

Does ACM have permission to use picture of child in its promotion of adoption and compassion? _____

I attest that all of the information contained within this application is true to the best of my knowledge and I grant ACM permission to verify it. Granted money will be used for purpose stated.

Signature: _____

Please email or send completed application and picture of child to: Arms of Compassion
220 N. Muskogee, Suite E, Tahlequah, OK 74464 / acm_director@sbcglobal.net