



# Gift of Identity Fund

**Giving every international adoptee a chance to complete the sentence, "I am..."**

## **GIFT OF IDENTITY FUND APPLICATION FORM FOR SUMMER 2018 TRAVEL**

Internationally adopted children arrive from all parts of the world to a new home and a family that strives to give them a joy-filled life. As time unfolds, it becomes increasingly evident the greatest gift of all is the *gift of identity*, the gift of reconnecting with the country and people who provide a foundation upon which identity is built. The mission of The Gift of Identity Fund is to provide financial support for international adoptees who meet the requirements outlined by the fund.

The Gift of Identity Fund, Ltd. provides monetary funding to international adoptees visiting their country of birth with the goal of helping them understand their identity, heritage and culture while traveling via The Ties Program, a family based heritage program.

### **Eligibility and Selection Criteria:**

- International adoptees of any age.
- Applicants must be U.S. citizens (required by law)
- Preference will be given to travelers who are traveling for the first time with their nuclear family, e.g. children traveling with parents, siblings, or other extended family.
- Adult adoptees traveling with their spouses and/or children may apply if this trip is to share birth culture with the adult adoptee's family. These adoptees may apply even if this is a second trip.
- Adoptee must be traveling with a Flagship or Ties Lite Program of Adoptive Family Travel by The Ties Program.
- Funding will be distributed with a pay-it-forward responsibility.
- All parts application must be completed and returned by the due date.

### **Gift of Identity Fund Policies:**

- International adoptees may apply only one time per trip to their birth country.
- If there are multiple international adoptees in one family, each international adoptee may apply.
- Amount of funding will vary according the amount in the fund at time of distribution.
- Financial need considerations include median income by state and family size as well as extenuating circumstances. Click here for [Median-Family-Income-By-State-and-Number-in-Household](#).
- If the participant must cancel his/her homeland journey, the recipient will be responsible to reimburse the Gift of Identity Fund, Ltd.
- Should it be determined that the funds are being used in violation of the intended purpose, the recipient will be responsible to reimburse the Gift of Identity Fund, Ltd. and the recipient will no longer be eligible for future funds.
- Officers of the Gift of Identity Fund Ltd. and employees of The Ties Program are not eligible.
- Grants are held for recipients for two years **IF** the recipient's desired program cannot be confirmed after a grant is awarded.

**Application Deadline** for SUMMER 2018 Programs: Application and accompanying documents must be RECEIVED by our offices by midnight SEPTEMBER 15, 2017.



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## Gift of Identity Fund Application Form (please type or write in BLOCK LETTERS)

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Name at birth (Family names, first names) \_\_\_\_\_

Birth Country \_\_\_\_\_ DOB (ddmmyyyy) \_\_\_\_\_ Adoption Date \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Name of Adoptive Parent(s) \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email address (es) \_\_\_\_\_

**Name of Adoption Agency** \_\_\_\_\_

Is it still in existence? Yes \_\_\_\_\_ No \_\_\_\_\_ Website \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

### Travel Plans-Which Ties or Ties Lite Program will you be traveling with?

Country \_\_\_\_\_ Anticipated Departure Date \_\_\_\_\_

Who will be traveling with you? (name, relationship) \_\_\_\_\_  
\_\_\_\_\_

Have you traveled to your birth country previously? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe your age at the time, who traveled with you and the nature of the trip.  
\_\_\_\_\_  
\_\_\_\_\_

**GIFT OF IDENTITY FUND APPLICATION  
FINANCIAL STATEMENT**

**Number of family members intending to travel** \_\_\_\_\_ (count the adoptee in your total)

**Total anticipated cost for all members who will travel** \_\_\_\_\_

**INCOME**

Total Annual Household GROSS Income \_\_\_\_\_

Household = the house in which the adoptee lives

Number of people included in the household above \_\_\_\_\_

Income received from outside the household \_\_\_\_\_

(ex. Non- custodial parent, parental support for young adult)

**List all family members living in the household(s)**

Name	Age	Relationship	Occupation	Employer (please indicate if a student)	Gross Monthly Income	Prior year federal tax gross income

**EXPENSES** – Please provide enough information to give us an understanding of your Monthly Household Expenses

Rent/Mortgage	Utilities	Food	Medical	Tuition	Total
\$	\$	\$	\$	\$	\$
<b>Others please specify</b>	<b>Example- car</b>	<b>Disaster Recovery</b>			
	\$	\$	\$	\$	\$

**Is anyone in your household affected by:**

- \_\_\_\_ A chronic medical condition
- \_\_\_\_ A permanent disability
- \_\_\_\_ A sudden income reduction of 20% or more?
- \_\_\_\_ Other extenuating circumstances to be considered

Please indicate how this affects your family finances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





By signing the GIFT application-either for yourself or on behalf of a minor in your custody-you agree to the terms of the Pay-It-Forward aspect of the Gift of Identity Fund grant.

Gift of Identity Fund reserves the right to make changes but will not decrease the amount awarded after recipients have been advised of amounts.

### **CERTIFICATION**

I certify that the information on this form is true and correct to the best of my knowledge and belief.

To be signed by international adoptee if over 18 years of age, **or** by parent or legal guardian.

Signature\_\_\_\_\_ Printed name\_\_\_\_\_

Date\_\_\_\_\_ I am the international adoptee\_\_\_\_\_ the parent or the legal guardian.\_\_\_\_\_

### **CHECKLIST:**

\_\_\_ I have included a photocopy of my signed and valid U.S. Passport (used to verify U.S. Citizenship)

\_\_\_ I have included my essay.

\_\_\_ I have included pictures as noted above.

**Mail email completed application to:**

[Info@GiftofIdentityFund.org](mailto:Info@GiftofIdentityFund.org)