

GIFT OF IDENTITY FUND APPLICATION FORM FOR SUMMER 2026 TRAVEL

International adoptees 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.
- Adoptee must be traveling with a Flagship or Ties Lite Program, Korea First Wave or Next Gen program of Adoptive Family Travel by Ties.
- Applicants must register for their desired program prior to applying for Gift of Identity Fund grant.
- Applicants must be U.S. citizens (required by law)
- Preference will be given to adoptees who are traveling for the first time. They may be traveling with their nuclear or extended family or solo as an adult.
- All parts of the application must be completed and returned by the due date.

Gift of Identity Fund Policies:

- If there are multiple international adoptees in one family, each international adoptee may apply.
- Amount of funding will vary according to 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 for reimbursing 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 for reimbursing the Gift of Identity Fund, Ltd. and the recipient will no longer be eligible for future funds.
- Board members of the Gift of Identity Fund Ltd. and employees of The Ties Program are not eligible.
- Gift of Identity Fund recipients will receive his/her grant no later than the due date for the final payment of their specific trip.
- 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 fall program travel is January 31.

Application Deadline for winter program travel is March 31.

Application deadline for summer program travel is September 30.

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 (ddmmmyyyy) _____ 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 _____

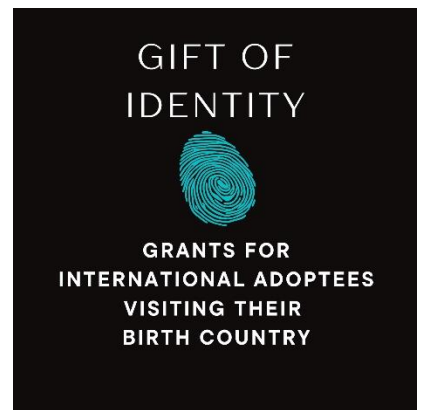
Which program will you be traveling with: Ties Flagship, Ties Lite, Korea First Wave or Next Gen?

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
\$	\$	\$	\$	\$	\$
Others please specify	Example- car	Disaster Recovery			
	\$	\$	\$	\$	\$

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: _____

GRANT AMOUNT REQUEST

The maximum grant is \$3,000. The total grant awarded is based on the availability of funds and applicants' individual needs. How much Gift of Identity Funding would you like to request \$_____.

T ESSAY

With your application, the international adoptee should provide a type-written response to:

Why is it important for you to travel to your birth country? What does identity mean to you?
How does identity play a role in visiting your birth country?

PICTURE REQUEST

With your application, please mail pictures of yourself at the time you joined your family, as well as a current picture

HELP GIFT BE A FUND THAT KEEPS ON GIVING

Gift of Identity Fund grants are dependent on donor support. People donate to causes they understand and value.

Through stories they share, grant recipients are uniquely able to explain the need for The Gift of Identity Fund to donors. Story sharing occurs between grant recipients and Gift of Identity Fund representatives (and sometimes TIES staff) through 1) conversations before and after the journey, 2) photo and video sharing from the journey, 3) written testimonials and 4) other creative/reflective outlets.

Grant recipients' stories help donors understand the need for and impact of The Gift of Identity Fund. Thanks in advance for sharing yours!

TERMS AND CONDITIONS

By signing the GIFT application, either for yourself or on behalf of a minor in your custody, if selected to receive a grant you agree to share your story or that of a minor in your custody so that it can be used to encourage others to donate to, or fundraise for, GIFT. You consent to videotaping, photographs, motion picture film, and/or electronic images in which you and/or the minor appear; and/or audio recordings made of your voice(s); and/or transcripts/quotes of your spoken or written words which may be used by GIFT.

By signing the GIFT application-either for yourself or on behalf of a minor in your custody-you consent that the videotapes, photographs, motion picture film, and/or electronic images in which you and/or the minor appear; and/or audio recordings made of your voice(s); and/or transcripts/quotes of your spoken or written words; may be used by GIFT. Furthermore, you consent that such photographs, films, recordings, transcripts, and electronic images, and the plates, tapes, and/or software from which they are made, shall be the property of GIFT, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, electronic images, transcripts, plates, tapes, and software as they may desire free and clear of any claim whatever on your part.

Gift of Identity Fund may offer a grant that is less than the amount requested. Grant recipients are expected to use the grant within a year of the awarding.

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.

_____ I am 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:

laurie@giftofidentityfund.org

OR mail paper application to Gift of Identity Fund
c/o Laurie Glass
3710 N Oakland Ave #410
Shorewood, WI 53211