

M. NIGHT SHYAMALAN FOUNDATION

TRUSTEES:

M. NIGHT SHYAMALAN
BHAVNA M. SHYAMALAN, PH.D.
MARC H. GLICK

INDIA ORPHAN ADOPTION GRANT

BACKGROUND:

The M. Night Shyamalan Foundation (MNSF) believes that a loving family is the birthright of every child. We hope to bring particular attention to the orphans of India and aim to facilitate their passage to a better life. We provide grants to U.S. citizens residing in America who seek to adopt children from India. The purpose of the grant is to alleviate financial obstacles to international adoption. Grants are provided to families who establish that they are eligible to adopt a child from India, are capable of providing a safe, loving, and nurturing environment for a child, but for whom the costs involved in the adoption process pose a demonstrable burden or barrier to an adoption. Only families with a gross annual income of less than \$100,000 are asked to apply. Due to limited resources, the foundation cannot guarantee that all qualified applicants will be funded. Grant approvals as well as decisions regarding the amount of the award will be determined solely by the Board of Directors and will be based on funds available, the applicant pool, and applicant qualifications.

ADOPTION GRANT LIMITS BASED ON LEVEL OF INCOME:

Grant approvals as well as decisions regarding the amount of the grant award will be made by sole discretion of the Board of Directors. The Board of Directors will make a determination about the applicant's financial eligibility for the grant as well as their capacity to provide a nurturing, safe, and loving environment for an adopted child. The program does not exclude anyone on the basis of race, ethnicity, gender, age, marital status, or family characteristics but relies on an approved home study and an internal assessment of parental capacity and financial eligibility. Family income levels for those applying for the grant will be used to determine the top limit of funds that will be made available through the MNSF adoption grant (see below). The actual amount awarded, however, will be based on funds available, the applicant pool, applicant qualifications, and a complete assessment of the applicant's financial profile. The completion of this application, financial eligibility, and an approved home study does not guarantee financial assistance. While grants may be provided to cover up to 100% of costs related to an adoption of a child from India, typical awards range from \$5,000-\$7,000

GROSS FAMILY INCOME LEVEL	ELIGIBLE FOR GRANT TO COVER*
Below \$ 75,000	up to 100% of costs related to adoption
\$ 75,000 - \$ 79,999	up to 80% of costs related to adoption
\$ 80,000 - \$ 84,999	up to 75% of costs related to adoption
\$ 85,000 - \$ 89,999	up to 70% of costs related to adoption
\$ 90,000 - \$ 94,999	up to 60% of costs related to adoption
\$ 95,000 - \$ 99,999	up to 50% of costs related to adoption
\$100,000 or above	Not eligible for MNSF grant

** So we can assist a larger number of qualified applicants, typical awards are approximately*

\$5,000

APPLICATION PROCESS:

Applicants are asked to submit a completed application form along with supporting documentation (see checklist of required documents). Applicants will be contacted for clarification, additional documentation, or an interview if necessary. After a completed application and all necessary information are received by the Foundation, the request for the adoption grant will be reviewed by the Board of Directors. The primary requirements for eligibility are an approved home study by a licensed agency, financial need, and ability to adequately care for a child. All applicants must be using an adoption agency that is licensed in their state of operation. Once the applicant is deemed eligible, the decision to award a grant and the amount of the grant will depend on the funds available. The Foundation will contact grant recipients directly. Please allow at least 2-4 weeks for review and determination.

DISBURSEMENT OF APPROVED GRANT:

Grant monies will only be disbursed for qualified adoption expenses that have been pre-approved by MNSF. Grant monies will not be paid to the applicant directly, but will be paid for approved expenditures to either the agency facilitating the adoption if it can demonstrate 501(c)(3) status, or will be disbursed to the agency through our arrangement with Hope Worldwide. Grant recipients will be expected to provide sufficient documentation in the form of an invoice or receipt to support the proposed expenditures.

POST PLACEMENT REQUIREMENTS:

Once an adoption is complete and the child has been brought home, grant recipients are required to provide MNSF with post-placements updates for 1 year following the adoption. Post-placement written reports are usually required at regular intervals by adoption agencies; a copy of these should be forwarded to MNSF. We also encourage grant recipients to send us a photograph(s) of their family and/or newly adopted child after the adoption is complete. These photographs are a way for us to share in the joy of adoption and will be kept in our office and adoption files only.

CONFIDENTIALITY STATEMENT:

As part of the grant application process MNSF collects nonpublic personal information from you, including information on your family's personal, medical and financial health. MNSF restricts access to your personal information to those who need to know that information in order to provide services to you. We maintain physical, electronic and procedural safeguards to protect your nonpublic personal information. MNSF does not otherwise disclose any nonpublic information, except as might be required by law. For example, we will provide your personal information only as necessary upon request by federal, state, or local law enforcement agencies.

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ADOPTION GRANT APPLICATION

Please complete and return form with supporting documents to:

M. Night Shyamalan Foundation, 1055 Westlakes Drive, Suite 300, Berwyn, PA 19312

PROSPECTIVE PARENT DATA: DATE _____

Prospective Mother's Name _____ Date of Birth _____

Prospective Father's Name _____ Date of Birth _____

Address _____

Home Telephone Number _____ Home Fax Number _____

Mother's home e-mail _____ Father's home e-mail _____

Marital Status: Single Married

If currently married:

Date of Marriage _____ Place married (city, state, country) _____

Children's names and ages (please include all dependants 18 years of age or less):

From current marriage:

_____ Age _____ Biological _____ Adopted _____ Lives with you _____

_____ Age _____ Biological _____ Adopted _____ Lives with you _____

_____ Age _____ Biological _____ Adopted _____ Lives with you _____

From previous marriages:

_____ Age _____ Biological _____ Adopted _____ Lives with you _____

_____ Age _____ Biological _____ Adopted _____ Lives with you _____

_____ Age _____ Biological _____ Adopted _____ Lives with you _____

Do any of the above children have special needs? If so, please explain _____

Others living in your home and their relationship to you:

_____ Age _____ Relationship to you _____

_____ Age _____ Relationship to you _____

PROSPECTIVE MOTHER'S INFORMATION:

Ethnic Background _____ Religious Affiliation _____

Highest Level of Education Completed _____ Major Field of Study _____

Current Occupation _____ Length of Employment _____

Name and Address of Employer _____

_____ Number of Work Hours per Week _____

Work Phone Number _____ Work E-mail _____

Number of Previous Marriages _____

Date of Marriage 1 _____ Date of Divorce 1 _____ Number of Children _____

Date of Marriage 2 _____ Date of Divorce 2 _____ Number of Children _____

Health Problems/Hospitalizations (Please describe) _____

Hobbies, Interests, and Community Activities _____

PROSPECTIVE FATHER'S INFORMATION:

Ethnic Background _____ Religious Affiliation _____

Highest Level of Education Completed _____ Major Field of Study _____

Current Occupation _____ Length of Employment _____

Name and Address of Employer _____

_____ Number of Work Hours per Week _____

Work Phone Number _____ Work E-mail _____

Number of Previous Marriages _____

Date of Marriage 1 _____ Date of Divorce 1 _____ Number of Children _____

Date of Marriage 2 _____ Date of Divorce 2 _____ Number of Children _____

Health Problems/Hospitalizations (Please describe) _____

Hobbies, Interests, and Community Activities _____

SECTION TO BE COMPLETED BY BOTH APPLICANTS (*attach additional pages if necessary*):

Please explain your motivation to adopt _____

The adoption process can be long, how long are you willing to wait to adopt a child? _____

Describe the characteristics of the child(ren) you hope to adopt (age, gender, special needs if any, etc), and why

Maternity/Paternity Plan: Please describe any plans for immediate and long-term changes in workload outside the home after the adoption. Include a description of your plan for childcare during work _____

Briefly describe your parenting philosophy (e.g. central values and beliefs about raising children, attitudes toward discipline, religion, education, etc.) _____

What do you feel you could contribute to a child? _____

Which of your family members would be supportive of your adoption plans and which would not? _____

Have you ever been arrested or convicted of a crime? If yes, please explain _____

Please describe your smoking and drinking habits _____

Have you ever been hospitalized or treated for a nervous or mental disorder, or for an addiction? If yes, please describe _____

Name of Adoption Agency you have selected _____

Contact Person _____ Phone _____ E-mail _____

Address _____

Name of Agency or Individual providing your home study _____

Social Worker _____ Phone _____ E-mail _____

Address _____

Date home study completed/expected completion date* _____ If completed, approved? _____

****MNSF will only consider a decision for the grant request once an approved home study has been submitted.***

INS 1600A Filed? (Circle) **Y / N** If yes, anticipated completion date? _____

Is there a child(ren) assigned to you? (Circle) **Y / N** If yes, age(s) of child(ren) _____

Name of orphanage in India where child is _____

Date

Date

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CHECKLIST OF DOCUMENTS TO BE SUBMITTED FOR THE ADOPTION GRANT APPLICATION

THE FOLLOWING DOCUMENTS NEED TO BE SUBMITTED PRIOR TO A FULL REVIEW OF YOUR APPLICATION FOR THE ADOPTION GRANT: * (Check the boxes to indicate which documents have been enclosed with this package and return this page with your application)

- Signed and completed adoption grant application form
- Copy of your home study
- Financial Assessment Sheet (FAS) enclosed with this application
- Copies of your tax returns for the previous two years
- Copy of most recent pay stub for all applicants
- Copy of agency fee schedule
- Signed Release of Information Form

**Note: Documents may be submitted as they become available, but a final decision on the grant application will not be made until all the documents have been received by the Foundation. The Foundation also reserves the right to request additional documentation or a telephone/in-person interview if needed.*

PLEASE INDICATE YOUR ABILITY/WILLINGNESS TO BE CALLED FOR AN INTERVIEW IF NECESSARY:

- I/We would be willing to be interviewed over the phone
- I/We would be able/willing to come out to Pennsylvania for an in-person interview

MNSF ADOPTION GRANT FINANCIAL ASSESSMENT SHEET

Applicant(s) Name(s) _____

ASSETS

Gross Annual Income – Mother \$ _____

Gross Annual Income – Father \$ _____

Other Income \$ _____

Combined Annual Income \$ _____

_____ \$ _____

Checking Account Balance \$ _____

Savings Account Balance \$ _____

Certificates of Deposit \$ _____

Stocks and Bonds \$ _____

_____ \$ _____

Retirement plans/IRAs/401Ks \$ _____

Home (estimated market value) \$ _____

Vehicles \$ _____

Other Real Estate \$ _____

_____ \$ _____

Business Equipment \$ _____

Other Assets (itemize):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Assets: \$ _____

Misc. (do not include in totals)

Cash Value Life Insurance \$ _____

The information contained on this form is true and accurate to the

Prospective Mother _____ Date _____ Prospective

Balance on Credit Cards \$ _____

Home Mortgage \$ _____

Other Real Estate Loans \$ _____

Car Loans \$ _____

Business Loans \$ _____

Medical Bills \$ _____

Life Insurance Loans \$ _____

Other Liabilities (Itemize)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Liabilities \$ _____

NET WORTH:

Total assets minus total liabilities \$ _____

Estimate of Monthly Expenses \$ _____

(Include house payment, utilities, child care, food, doctors/dentists, health insurance, car payments, gas and car upkeep, etc.)

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RELEASE OF INFORMATION FORM

FOR ADOPTION GRANT APPLICATION

I/We give permission to the M. Night Shyamalan Foundation to obtain information from my/our:

Employer(s)

Adoption Agent/Adoption Lawyer

Home Study Agency and Social Worker

For the sole purpose of reviewing my/our eligibility for an adoption grant from the above mentioned Foundation.

Signature of Prospective Mother

Signature of Prospective Father

Date

Date

1055 WESTLAKES DRIVE, STE: 300, BERWYN, PA 19312
PHONE: 610.727.3802 FAX: 610.727.4088
E-MAIL: BHAVNA@MNIGHTSHYAMALANFOUNDATION.ORG