

An Adoption Sponsorship Fund with Honeycutt Ministries

Embraced with Kristen Honeycutt is an Adoption Sponsorship Fund with Honeycutt Ministries that seeks to provide financial assistance for families in the adoption process in the United States. Embraced is dedicated to domestic only adoption assistance for the greater cause of encouraging adoption versus abortion in our nation. As we continue to “fight the good fight” for every baby to be saved instead of aborted in our nation we also have a call to help provide assistance to families to give a home to children that are in the adoption process. Families are invited to apply for funding assistance from the Embraced with Kristen Honeycutt Adoption Sponsorship Fund - Funding will not be granted to each applicant. Funding may only assist in current verified bills to the adoption agency and may not pay in full. This is a ministry of Honeycutt Ministries and seeks to provide some financial assistance for adoptive families from donations received by Honeycutt Ministries. Financial assistance for adoptive families awarded as an equal opportunity. There is no application deadline. Families are invited to apply anytime after completing their home study and before finalization. Financial need, perseverance, and imminence of the adoption must be demonstrated. We reserve the right to contact the adoption agency to verify and funds that are granted are paid directly to the adoption agency on the applicants behalf. To apply, fill out this application and submit to contact@kristenhoneycutt.org - To donate please click the GIVE link at www.kristenhoneycutt.org

Honeycutt Ministries Adoption Sponsorship Application

Dedicated to domestic adoptions.

*NAME(s): _____
(First and Last)

*ADDRESS: _____
(Street Number and Name, City, State, Zip)

*COUNTY: _____

*EMAIL: _____

*PHONE: _____

*TYPE OF ADOPTION: _____
(The Embraced by Kristen Honeycutt Fund is dedicated to domestic only adoptions.)

*ADOPTION AGENCY NAME: _____
(We contact the Adoption Agency for potential awarded funds for our verification process.)

NAME OF CASE STAFF AT AGENCY: _____
(If available, please provide the name of a direct staff personnel/licensed social worker that may be more familiar with your case.)

*AGENCY PHONE CONTACT: _____

