

T Baby Scholarship Fund Application

History

This Fund was established in memory of a courageous young woman named Theresa whose life was overflowing with challenges when she found herself in an unexpected pregnancy. Her social worker took her for “counseling” at a medical facility in Maryland because she was scared and overwhelmed. She thought this was a follow-up appointment with her doctor, but when she heard words about a procedure, things started to become more clear.

She processed what she heard and took a deep breath. It seemed God was speaking to her. She then summoned the courage to say with conviction what was in her heart, “You’re not going to kill my baby!” The next courageous step was to share the news with her parents and family. They provided the love and support she and her son needed to help navigate the difficult months and years ahead.

Not all young women have that level of available support. In Theresa’s memory, her family has established the T-Baby Fund to help strong and courageous women and their children within the Gabriel Network with the basic needs of transitioning to independent living with financial support for home, transportation and childcare payments.

Purpose

Gabriel Network exists to provide **practical, emotional and spiritual support** to women and families facing unplanned pregnancies. In an effort to assist motivated women in making immediate progress toward greater independence, the Gabriel Network will award annual scholarships to qualified applicants.

Scholarship Awards

The Fund will provide for individual scholarships of up to \$2,000 per year. Awards may be used to pay for things like a security deposit, first month’s rent, child care payments, gas, public transportation (SmarTrip), Uber, Lyft, etc. No money will go directly to the applicant. No cash will be given to vendors. Vendors must complete and submit a W-9 form prior to payment being issued. Form available upon request. It is the applicants responsibility to make sure the vendor completes the necessary paperwork.

Eligibility Requirements

The scholarship is open to pregnant women or mothers with young children who have an active relationship with a current or past Gabriel Network Angel Friend/volunteer or staff member and who:

- ✓ Demonstrates an existing relationship with Gabriel Network by providing a brief letter of recommendation from a current or past Gabriel Network Angel Friend/Volunteer or staff member
- ✓ Completes the scholarship application, **specifically explaining how a change in circumstances shows immediate progress toward greater independence**
- ✓ Shows both a need for financial assistance and a positive outlook for the future by answering a current life questionnaire

Application Information

Applications are accepted on a rolling basis and are reviewed promptly for completeness. Applicants may be asked to provide additional details so we can confirm that requested expenses align with the scholarship's purpose of supporting immediate, practical steps toward independence.

Completed applications should be emailed to office@gabrielnetwork.org Please call 800-264-3565 ext. 305 with any questions.

T- Baby Fund Scholarship Application

Applications should be emailed to office@gabrielnetwork.org

1. Legal Name _____

Last First MI

2. Home address _____

Street Number and Name

City State Zip Apt#

3. Contact Information _____

Cell phone E-Mail Address

4. I am requesting \$_____ to pay for _____

5. Application Checklist

I have attached the following documents to an email to office@gabrielnetwork.org

_____ proof of need and change- What positive changes in your life show that you are becoming more independent? (see attachment for list of example ways to provide proof)

_____ a fully completed application

_____ responses to Current Life Questionnaire

_____ letter of recommendation from current or past GN Angel Friend/Volunteer or staff member

I certify that my responses to the questions on this application are true and correct to the best of my knowledge.

Signature _____ Date _____

Application and attachments may be emailed to office@gabrielnetwork.org

Current Life Questionnaire

(2-3 sentence answers are acceptable)

1. How has Gabriel Network helped you and your family so far?
2. Please briefly describe your current challenges as you work to transition to independent living.
3. How will this scholarship (if received) help you?
4. Do you give Gabriel Network permission to quote your answers online to help others learn about Gabriel Network? (your answer to this question does NOT influence whether or not you are selected to receive this scholarship) YES/NO
5. (optional) We want more pregnant women to know about Gabriel Network! Pictures are very helpful in our online posts. If you are willing to send us a picture of you and your baby/child, we would love to use it in a post. Note- we will only do this if you give us permission to quote you. Sending us a picture will NOT influence whether or not you are selected to receive this scholarship.

Letter of Recommendation
from current or past Angel Friend/Volunteer

or staff member (only use the staff option if unable to connect with/find the volunteer. Please provide the name of the volunteer you were assigned to but cannot connect with now _____)

Proof of Need and Change

(This helps us understand what has changed positively in your life.

**It shows us what someone else has offered you (ie- a job)or is
Requesting from you (ie-a security deposit))**

*depending on your need, all items below may not be necessary for proof

- Job offer letter that includes hours per week, wage and location.
- Proof of childcare (include start date and location)
- Proof of new rental/lease payment
- Proof of prior rental/lease payment (if applicant did not pay anything, then the person who did pay the rental/lease payment should sign the attached letter)
- Applicants must demonstrate personal financial responsibility for the expense being requested. Requests for expenses that are fully covered or the responsibility of another individual (including a spouse or partner) are not eligible.

Acknowledgement letter showing applicant was not paying for housing prior to this application

I _____, verify that _____ was living with me prior to her applying for this scholarship and was not paying to do so.

The address where the applicant was living with me is _____
_____.

A phone number where I can be reached is _____.

Date _____

Name (printed) _____

Name (signature) _____