



FAMILY FOUNDATION FUND  
Restoring Fatherhood

# FAMILY FOUNDATION FUND - MENTORING PROGRAM APPLICATION

The Family Foundation Fund - 4890 Lickton Pike - Nashville TN 37189  
FamilyFoundationFund.org - info@FamilyFoundationFund.org  
Mailing address: P.O. Box 292724 - Nashville, TN 37229  
615-876-7170 - 615-876-5456 Fax

Your application must be postmarked on or before \_\_\_\_\_ Today's date is: \_\_\_\_\_

**FULL LEGAL NAME OF**  **PARENT** or  **GUARDIAN** \_\_\_\_\_

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

Home address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

How long have you lived at this address? Years \_\_\_\_\_ Months \_\_\_\_\_ Other \_\_\_\_\_

If you are the guardian, how are you related to the applicant and for how long? \_\_\_\_\_

Your home phone and/or cell phone (if any) \_\_\_\_\_

Family member's or friend's phone (describe who) \_\_\_\_\_

Your Facebook and/or Twitter link(s) (if any) \_\_\_\_\_

Age of  **PARENT** or  **GUARDIAN** \_\_\_\_\_ Date of birth (month, date & year) \_\_\_\_\_

Name and ages of all persons living in your home (use back of page if necessary) \_\_\_\_\_

**EMPLOYMENT:** Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how long at this job? Years \_\_\_\_\_ Months \_\_\_\_\_

Business or work address \_\_\_\_\_

Business or work city, state & zip \_\_\_\_\_

May we contact your supervisor for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_ (If "No", explain) \_\_\_\_\_

Supervisor's name, title and email (if any) \_\_\_\_\_

Supervisor's phone # or other phone # \_\_\_\_\_

**FINANCIAL INFO:** What is your annual income? \$0 to \$15,000 \_\_\_\_\_ \$15,00 to \$20,00 \_\_\_\_\_ \$20,000 to \$25,000 \_\_\_\_\_

\$25,00 to \$30,000 \_\_\_\_\_ \$30,00 to \$35,000 \_\_\_\_\_ \$35,00 to \$40,000 \_\_\_\_\_ Above \$40,000 \_\_\_\_\_

(If the applicant is accepted in our program, do you agree to submit an annual income statement? Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_

(If "No" or "Other", please explain) \_\_\_\_\_

**REFERENCES:** List 3 references who have known you and the applicant for 5 years or longer. *Note: These references must be people other than your pastor or employer but they may include immediate or extended family, (i.e. aunts, uncles, grandparents, great aunts, great uncles, great grandparents, cousins), friends, church members, neighbors, etc.*

#1. Name (and relationship to applicant and for how long) \_\_\_\_\_

Address \_\_\_\_\_

City, state & zip \_\_\_\_\_

Home # and/or cell phone # \_\_\_\_\_

Email address(es) (if any) \_\_\_\_\_

#2. Name (and relationship to applicant and for how long) \_\_\_\_\_

Address \_\_\_\_\_

City, state & zip \_\_\_\_\_

Home # and/or cell phone # \_\_\_\_\_

Email address(es) (if any) \_\_\_\_\_

#3. Name (and relationship to applicant and for how long) \_\_\_\_\_

Address \_\_\_\_\_

City, state & zip \_\_\_\_\_

Home # and/or cell phone # \_\_\_\_\_

Email address(es) (if any) \_\_\_\_\_

**CHURCH & PASTOR INFO:** Do you and the applicant attend the same church? Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_\_

(If "No" or "Other", please explain) \_\_\_\_\_

If "Yes", may we contact the pastor about your desire to place the applicant in this program? Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_\_

(If "No" or "Other", please explain) \_\_\_\_\_

If "Yes", what is the pastor's name and email? (if any) \_\_\_\_\_

Church name \_\_\_\_\_

Church city, state & zip \_\_\_\_\_

Church phone #, pastor's cell phone # and/or other phone #? (if any) \_\_\_\_\_

How often does the applicant attend church? Each week \_\_\_\_ 2-3 times a month \_\_\_\_ Once a month \_\_\_\_ None \_\_\_\_ Other \_\_\_\_

(If "None" or "Other", please explain) (Use the back if necessary) \_\_\_\_\_

**PARENTAL INFO:** Parental insights: (Please answer these questions by rating yourself between 1 (the lowest) and 10 (the highest):

I am able to communicate with the applicant \_\_\_\_\_ I can control my temper and emotional outbursts \_\_\_\_\_

I am able to understand the needs of the applicant \_\_\_\_\_ I am able to do a budget and control our finances \_\_\_\_\_

I am able to "practice what I preach" in front of others. Yes \_\_\_\_ No \_\_\_\_ (Please explain) \_\_\_\_\_

(Use the back if necessary) \_\_\_\_\_

Do you have a personal relationship with God? Yes \_\_\_\_ No \_\_\_\_ (Please explain) \_\_\_\_\_

(Use the back if necessary) \_\_\_\_\_

Approximately how much time each day does your family spend in prayer and Bible study? 0-30 minutes \_\_\_\_\_ 30 mins or more \_\_\_\_\_

Do you have family devotionals in your home? Yes \_\_\_\_ No \_\_\_\_ If "Yes", please explain how you conduct your family devotionals:

\_\_\_\_\_

What is your understanding regarding that we are triune beings (i.e. we have a body, soul and spirit?) (Use the back of page if necessary)

\_\_\_\_\_

**FULL LEGAL NAME OF THE APPLICANT** \_\_\_\_\_

Does the applicant have a name that he prefers (i.e., a nickname)? \_\_\_\_\_

Applicant's address \_\_\_\_\_

Applicant's city, state & zip \_\_\_\_\_

How long has the applicant been at this address? Years \_\_\_\_\_ Months \_\_\_\_\_

Applicant's home # and/or cell phone # (if any) \_\_\_\_\_

Applicant's email address(es) (if any) \_\_\_\_\_

Applicant's Facebook and/or Twitter link(s) (if any) \_\_\_\_\_

Applicant's age \_\_\_\_\_ Date of birth (month, date & year) \_\_\_\_\_ Social Security # \_\_\_\_\_

Applicant's best friend (name & relationship) and phone # (if any) \_\_\_\_\_

Applicant's brother(s) and/or sister(s) and age(s) and address(es)(if any) (use back of page if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME OF SCHOOL APPLICANT IS CURRENTLY ATTENDING** \_\_\_\_\_

In what grade is the applicant enrolled at school? \_\_\_\_\_ Academic standing (example: A, B, C, D or F) \_\_\_\_\_

May we contact the school and/or a teacher about the applicant's desire to enroll in this program? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

(If "No" or "Other", please explain) If "Yes", what is the teacher's name? \_\_\_\_\_

Name of school and teacher's email (if known) \_\_\_\_\_

School address \_\_\_\_\_

School city, state & zip \_\_\_\_\_

School phone # or teacher's phone # and/or other phone # (if known) \_\_\_\_\_

What are the applicant's special gifts and interests? Acting \_\_\_ Art \_\_\_ Band \_\_\_ Chess \_\_\_ Chorus \_\_\_ Debate \_\_\_

Drama/Theater \_\_\_ Information Technology (IT) & Computers \_\_\_ Languages \_\_\_ Mathematics \_\_\_ Music \_\_\_

Reading \_\_\_ ROTC \_\_\_ Skiing \_\_\_ Student Government \_\_\_ Woodworking and/or Carpentry \_\_\_ Sports \_\_\_

Baseball \_\_\_ Basketball \_\_\_ Football \_\_\_ Soccer \_\_\_ Track \_\_\_ Swimming \_\_\_ Wrestling \_\_\_ Other \_\_\_\_\_

(If "Other", describe if known) \_\_\_\_\_

Would you be in favor of placing the applicant in a private Christian school? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

(If "No" or "Other", please explain) \_\_\_\_\_

Does the applicant have any learning difficulties or mental challenges? Yes \_\_\_ No \_\_\_ (If "Yes", describe) (if known) \_\_\_\_\_

**MEDICAL & PHYSICAL INFO ABOUT THE APPLICANT**

Is the applicant currently seeing a doctor or medical caregiver of any kind? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

If "Yes, how often? Once a week \_\_\_ 2-3 times a month \_\_\_ Once a month \_\_\_ 1-2 times a year \_\_\_ Other \_\_\_\_\_

If "Yes, may we contact the doctor or caregiver about the applicant's desire to enroll in this program? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

If "Yes", what is the doctor or medical caregiver's name? \_\_\_\_\_

Doctor or caregiver's address \_\_\_\_\_

Doctor or caregiver's city, state & zip \_\_\_\_\_

Doctor or caregiver's email (if known) \_\_\_\_\_

Office phone # or cell phone # and/or other phone # (if known) \_\_\_\_\_

Does the applicant have any medical problems or illnesses? Yes \_\_\_\_ No \_\_\_\_ (If "Yes", list and explain. Use the back if necessary)

Is the applicant taking any prescriptions or medications? Yes \_\_\_\_ No \_\_\_\_ (If "Yes", list and explain each. Use the back if necessary)

Has the applicant ever been involved in drug or alcohol abuse? Yes \_\_\_\_ No \_\_\_\_ (If "Yes", list and explain. Use the back if necessary)

Has the applicant ever been diagnosed with a mental illness or been in psychological or psychiatric counseling? Yes \_\_\_\_ No \_\_\_\_

(If "Yes", describe) (if known) \_\_\_\_\_

Has the applicant ever been hospitalized in an institution due to mental or substance abuse problem? Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_\_

(If "Yes" or "Other", describe and length of time) \_\_\_\_\_

Has the applicant experienced any of the following in the last 2-3 years: Nail biting \_\_\_\_\_ Bedwetting \_\_\_\_\_ Sleep walking \_\_\_\_\_

Insomnia (can't sleep) \_\_\_\_\_ Migraine headaches \_\_\_\_\_ Thumb sucking \_\_\_\_\_ Eating disorders \_\_\_\_\_ Other problems \_\_\_\_\_

(If "Other problems", describe in detail) (if known) \_\_\_\_\_

## LEGAL INFO ABOUT THE APPLICANT

Is the applicant currently seeing a caseworker \_\_\_\_ or attorney \_\_\_\_ of any kind? Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_\_

If "Yes, how often? Once a week \_\_\_\_ 2-3 times a month \_\_\_\_ Once a month \_\_\_\_ 1-2 times a year \_\_\_\_ Other \_\_\_\_\_

If "Yes, may we contact the caseworker or attorney about the applicant's desire to enroll in this program? Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_

If "Yes", what is the caseworker or attorney's name? \_\_\_\_\_

Caseworker or attorney's city, state & zip \_\_\_\_\_

Caseworker or attorney's address \_\_\_\_\_

Caseworker or attorney's email (if known) \_\_\_\_\_

Caseworker or attorney's cell phone # and/or other phone # (if known) \_\_\_\_\_

Does the applicant have a juvenile record or ever been in trouble with the law? Yes \_\_\_\_ No \_\_\_\_ (If "Yes", list and explain each incident. Use the back of page if necessary).

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Has the applicant ever fathered a child out of wedlock? Yes \_\_\_\_ No \_\_\_\_ (If "Yes", list and explain. Use the back of page if necessary).

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### APPLICANT'S FAMILY ACTIVITIES

How often does the applicant help with chores around the house? 0-30 mins. daily \_\_\_\_ 1-2 hrs. daily \_\_\_\_ Other \_\_\_\_\_

Does the applicant work at a job outside the house? Yes \_\_\_\_ No \_\_\_\_ (If "Yes", describe and the amount of time each week or month)

(Use the back if necessary) \_\_\_\_\_

How often do you have meaningful interaction with the applicant? 0-30 mins. daily \_\_\_\_ 1-2 hrs. daily \_\_\_\_ 3-5 hrs. daily \_\_\_\_ Other \_\_\_\_

0-30 mins. weekly \_\_\_\_ 1-5 hrs. weekly \_\_\_\_ 5 or more hrs. weekly \_\_\_\_ Other (describe) \_\_\_\_\_

Describe the kind of meaningful activities you have with the applicant (i.e., helping with homework, reading, playing games, prayer, etc.)

(Use the back if necessary) \_\_\_\_\_

Has the applicant ever been disrespectful to you? Yes \_\_\_\_ No \_\_\_\_ (If "Yes", describe in detail and what you did in response to it)

(Use the back if necessary) \_\_\_\_\_

Within the last month, approximately how many times have you had to apply corporal punishment to the applicant? (*Note: According to Proverbs 22:15, paddling or spanking is a Biblical method of corporal punishment in contrast with other types of penalties such as "time out", "being grounded", "being put on restrictions" or removing privileges such a limiting time on the computer, video games, etc.*)

0-1 \_\_\_\_ 1-2 \_\_\_\_ 2-4 \_\_\_\_ 4-6 \_\_\_\_ 6-8 \_\_\_\_ 8-10 \_\_\_\_ More than 10 \_\_\_\_ Other \_\_\_\_\_

What do you consider are some of the applicant's best attributes? (i.e., good student, accomplished athlete, strong Christian, great leader)

(Use the back if necessary) \_\_\_\_\_

What do you consider are some of your strengths in parenting? (i.e., good listener, helpful to others, great problem solver, strong Christian)

(Use the back if necessary) \_\_\_\_\_

Are you willing to attend a monthly meeting on child training? Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_\_

(If "No" or "Other", please explain) \_\_\_\_\_

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**APPLICANT'S FAMILY HISTORY**

Does the applicant CURRENTLY have a relationship with his father or stepfather? Yes \_\_\_\_ No \_\_\_\_ (If "Yes", describe in detail) \_\_\_\_\_

(Use the back if necessary) \_\_\_\_\_

Has the applicant EVER been a relationship with his father or a step father? Yes \_\_\_\_ No \_\_\_\_ (If "Yes", describe in detail) \_\_\_\_\_

(Use the back if necessary) \_\_\_\_\_

Why do you believe that a father/son relationship is important to the applicant's future? (Use the back if necessary) \_\_\_\_\_

\_\_\_\_\_

In what ways you believe the applicant would benefit if he is approved for this program? (Use the back if necessary) \_\_\_\_\_

\_\_\_\_\_

Was the applicant's father PHYSICALLY present during the first six years of his life? Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_\_

(If "No" or "Other", please explain) \_\_\_\_\_

Was the applicant's father EMOTIONALLY present during the first six years of his life? Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_\_

(If "No" or "Other", please explain) \_\_\_\_\_

Has the applicant ever met his father? (if known) Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_\_

(If "No" or "Other", please explain) \_\_\_\_\_

Is the applicant's father living or deceased? (if known) Living \_\_\_\_ Deceased \_\_\_\_ (Date of death, if known) \_\_\_\_\_

If "Deceased", was his death of natural causes, accident, illness (such as cancer), or was there violence? (Describe if known) \_\_\_\_\_

\_\_\_\_\_

Has the applicant ever spoken to you about how he feels about his father's death? Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_\_

(If "Yes" or "Other", please explain) \_\_\_\_\_

How would you describe the applicant's behavior in the absence of his father? (Use the back if necessary) \_\_\_\_\_

\_\_\_\_\_

Is the applicant's father presently incarcerated in jail or prison? Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_\_

If "Yes", what is the release date, terms and conditions? (if known) \_\_\_\_\_

\_\_\_\_\_

Do any of the questions above also apply to the applicant's mother? Yes \_\_\_\_ No \_\_\_\_ (If "Yes", list and explain) \_\_\_\_\_

(Use the back if necessary) \_\_\_\_\_

Is there any family history of alcohol or drug abuse in other generations? Yes \_\_\_\_ No \_\_\_\_ (If "Yes", list and explain) \_\_\_\_\_

(Use the back if necessary) \_\_\_\_\_

Were the mother and father married when this son was conceived and/or delivered? (if known) Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_\_

(If "Yes" or "Other", describe if known) \_\_\_\_\_

Please add any additional information which you feel would help us to evaluate the applicant for our Mentoring Program:

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I affirm that I (we) have answered these questions honestly and to the best of my (our) abilities: Yes \_\_\_\_ No \_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of the applicant \_\_\_\_\_ Date \_\_\_\_\_

Thank you for applying for the Family Foundation Fund Mentoring Program. If you have questions about any of the questions on this application, please call the Foundation office at 615-876-7170. While we may not be able to accept every applicant, all applications are carefully and prayerfully considered. *Note: We recommend that you make a copy of this application for yourself and mail the original to us.*

Onnie Kirk, Executive Director

Note: Make a copy and mail the original of this application to: **Family Foundation Fund - P.O. Box 292724 - Nashville, TN 37229**  
**<http://FamilyFoundationFund.org>**

**[info@familyfoundationfund.org](mailto:info@familyfoundationfund.org)**

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