



SILVER CRADLE AWARD APPLICATION
TO BE RECOGNIZED AT A VIP RECEPTION
THE ROCK THE CRADLE GALA
October 20, 2018
Wintrust Grand Banking Hall *Chicago, IL
www.cradle.org/Gala

Employer Information:

Company Name: _____ Number of U.S. Employees: _____

Address: _____ City/State/Zip: _____

Contact Person: _____ Title: _____

Telephone: _____ Email: _____

Have you previously received the Silver Cradle Award? Yes No (please check one)

If so, please note what year(s) below any changes or enhancements to your program in the space provided below:

If chosen for the Silver Cradle Award, will a representative from your company be available to attend a VIP Reception on Saturday, October 20, 2018 to accept the award? Yes No (please check one)

Adoption Benefits Information:

Year adoption policy started: _____ Average Number of Employees that apply per year: _____

Eligibility requirements (please explain): _____

Does the Policy provide financial assistance? Yes No If yes, maximum amount _____

Does the Policy provide expense reimbursement? Yes No If yes, maximum amount _____

Does the Policy provide paid leave for adoption? Yes No If yes, maximum # of weeks _____

Please list any other adoption related programs, benefits, resources or referrals offered: _____

Why is adoption important to your organization? _____

Positive Impact:

We would love to feature a testimonial from a representative from your organization, as well as a quote from an employee who received adoptions benefits.

What does it mean to you for your organization to provide adoption benefits to your employees?

How does the Silver Cradle Award impact your company's employee recruitment/retention objectives?

How did the adoptions benefits provided by your employer help you and your family? *(Please provide a quote from an employee that has received adoption benefits and include their first name and last name initial)*

Do you or your company work with other organizations that offer adoption -related benefits, programs or resources? Please nominate them below:

Company Name: _____
Address: _____ City/State/Zip: _____
Contact Person: _____ Title: _____
Telephone: _____ Email: _____

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- Visit www.cradlefoundation.org/events-foundation/rock-cradle-gala for more information and access to an online PDF fill-in application.
 - Questions? Please call Honor Lorenzini at 847-733-3234
 - **Please submit your application by July 31, 2018** to Honor Lorenzini at hlorenzini@cradle.org or via mail at:
*Honor Lorenzini
Corporate Relations and Events Manager
The Cradle
2049 Ridge Ave.
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Thank You