

# Grant Application – Infertility



Are you seeking infertility treatments as an individual or as a couple?  Individual

Couple

## Applicant One

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                      State                                      Zip Code

\_\_\_\_\_  
Phone Number                                      Email Address

### Employment Status:

- |                                     |                                    |                                       |
|-------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Full Time  | <input type="checkbox"/> Student   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Part Time  | <input type="checkbox"/> Homemaker |                                       |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired   |                                       |

## Applicant Two (if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                      State                                      Zip Code

\_\_\_\_\_  
Phone Number                                      Email Address

### Employment Status:

- |                                     |                                    |                                       |
|-------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Full Time  | <input type="checkbox"/> Student   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Part Time  | <input type="checkbox"/> Homemaker |                                       |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired   |                                       |

**Family Information**

How many children do you have? \_\_\_\_\_

How many of your children live at home? \_\_\_\_\_

How many of your children were conceived through infertility treatments? \_\_\_\_\_

What type of infertility treatments are you pursuing?

Intrauterine Insemination

In Vitro Fertilization

Other: \_\_\_\_\_

Physician Information:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Diagnosis and Type of Treatment Received to Date:

Does your insurance provide coverage for infertility treatments?

Yes

No

If yes, please explain coverage:

**Financial Information**

Have you applied for any loans in order to pay for your treatments?  Yes  No

If yes, please list each loan, and, if the application was accepted, the amount and the interest rate.

How have you paid for your treatment expenses thus far?

How do you intend to pay for the remaining balance should you not receive this grant?

Have you applied for any other grants?  Yes  No

If yes, please list all grants you have applied for. Note if you have received a response and the amount received (if applicable).

How much are you requesting from Infertility and Adoption Support, Inc (IAS)?

*Grants range from \$500-\$2,000; please use an increment of \$100. This amount should be based on your financial need and amount payable remaining. The amount you put will not affect your likelihood of receiving a grant.*

\_\_\_\_\_

Additional comments regarding your financial status, or the information you provided:

**Treatment Expenses**

Paid Expenses

*Please list your paid expenses here.*

Paid To	Description of Bill	Amount Paid	Date Paid

Total amount paid to date: \_\_\_\_\_

Anticipated expenses

*Please list all expenses that are remaining to pay to your doctor or other companies. Please estimate any amounts not known and estimate the due date whenever possible.*

Owed To	Description of Bill	Amount Owed	Due Date

Total remaining expenses: \_\_\_\_\_

## **Supplemental Materials**

### **Physician's Letter**

As part of your application, you must provide a letter from a physician treating you for your fertility issues that details your recommended course of treatment and likelihood of success.

This letter should be on your physician's letterhead, signed by your physician and dated within sixty (60) days of submittal of your grant application.

### **Personal Statement**

Please include a typed personal statement. The personal statement is your opportunity to explain to the grant committee why you should be selected to receive a grant. Tell us about who you are and why this grant is important to you. If you are pregnant through infertility treatments already, tell us about the process that helped you conceive. Let us know why you require financial assistance. Be sure to address: any special considerations you would like the grant selection committee to know about; any past experience with infertility treatments.

There is no minimum or maximum length requirement. However, you should keep in mind that the best way to increase your chances of receiving a grant is to include a meaningful personal statement.