



Grant Application

Personal Information

Name:

Date of birth:

Email:

Address:

Phone:

Partner's name:

Partner's date of birth:

Partner's phone:

Partner's email:

Fertility clinic and physician's name:

OBGYN clinic and physician's name:

Religious affiliation (optional):

Health Insurance Information

Do you have health insurance?

Insurance provider:

Do you have prenatal coverage?

Do you have coverage for dependents?

Does your insurance cover infertility treatment or medications?

If so, please describe your

coverage in detail.

If your insurance covers any type of infertility treatment, what benefits have you received up to this point?

Please include specific dollar amount.

Infertility History

How long have you been attempting to conceive?

Have you ever been pregnant?

If so, when?

What was the result?

Cause of infertility (female/male/both and please list diagnoses):

List all infertility procedures you have completed, including dates of procedures and results (i.e. 2 medicated cycles in January and March of 2022 with no pregnancies, IUI in January 2022 resulting in miscarriage at 8 weeks, egg retrieval in March 2022 with 8 eggs retrieved and 2 grade 5AA blastocysts, etc.):



Are you pursuing/have you pursued genetic testing?

If yes, please provide which test(s), dates, and results.

Total expenses for past procedures:

Are you still paying for these procedures?

Fertility Procedure Information

Fertility procedure you are pursuing (i.e. egg retrieval, frozen transfer, etc):

Are you pursuing surrogacy or egg donation?

Cost of procedure you are pursuing:

Cost of medications related to this procedure:

When do you anticipate starting the procedure you want to pursue?

If you are selected for a grant, it will cover part of the treatment you are pursuing; do you have a plan to cover/finance the remainder?

Have you (or will you) receive grants or financial assistance from other organizations? (If yes, explain who and how much)

Employment History:

*If at same job for 2 years or more, then current history is sufficient. If under 2 years, please provide employment history.

Applicant's current employment status:

Applicant's employer:

Applicant's job title:

Applicant's annual salary (including incentive bonus):

Applicant's start date of current employment:

Applicant's previous employer:

Applicant's previous job title:

Applicant's previous annual salary:

Applicant's start date and end date of employment:



Partner's current employment status:

Partner's employer:

Partner's job title:

Partner's annual salary (including incentive bonus):

Partner's start date of current employment:

Partner's previous employer:

Partner's previous job title:

Partner's previous annual salary:

Partner's start date and end date of employment:

List any other source of income that is not derived from employment (i.e. any public assistance, disability benefits, substantial gifts):

Other

How did you hear about Giving Grace? (i.e. Google search, social media, family/friends, clinic)

Why should Giving Grace Foundation grant you this financial gift?

Visit "How to Apply" on our website for all items needed for submitting a grant. Mail when completed. All applications need to be received by December 31st deadline.

Print Applicant's name

Applicant's signature:

Date

Print Partner's name

Partner's signature:

Date