

KEEPING HOPE ALIVE

Application for Infertility Grant Lottery

Deadline for Submission: Wednesday August 1st, 2018
Live Lottery Drawing: Sunday October 14th, 2018

Please type or clearly print

Applicant #1 Name: _____ Applicant #2 Name: _____

Home Phone Number: _____

Alternate Phone #1: _____

Alternate Phone #2: _____

Mailing Address: _____

Email address: _____

How much money are you requesting? (cannot exceed \$10,000) \$ _____

What is the name of your clinic? _____

Who is your doctor (fertility clinic)? _____

What is the address of your clinic? _____

What is the phone number of your clinic? _____

	<u>Applicant # 1</u>	<u>Applicant # 2</u>
Name (Last, First)		
DOB		
Email Address		
Current Job Title		
Employer's Name		
Dates of Employment		
How did you hear about KHA Grant?		
If married, number of years?		
Will you be attending golf outing/dinner on Oct 14th?		
Do you have any biological children?		
Have you ever been arrested?		

Does either applicant have insurance/employer sponsored support that will assist with the costs associated with fertility treatment? ____ YES ____ NO ____ INCOMPLETE COVERAGE

If incomplete coverage, please describe what is covered and what is not covered:

Do you plan on bringing guests to the KHA Golf Outing & Dinner? ____ YES ____ NO

Are you willing to volunteer at future KHA sponsored events? ____ YES ____ NO

Annual Household Income (Including combined adjusted gross income. This should match Line 37 from IRS Form 1040 plus other annual revenue of Applicants): \$ _____ **PLEASE UPLOAD AND ATTACH PAGES 1 & 2 ONLY OF YOUR 2017 SIGNED FEDERAL FORM 1040. IF 2017 FEDERAL RETURNS ARE ON EXTENSION PLEASE UPLOAD 2016 FORM 1040 ALONG WITH 2017 W2 STATEMENTS.**

Household Budget: Please complete the chart below to provide your family's monthly budget for a typical month.

<u>Expense</u>	<u>Average Cost/monthly</u>
Mortgage/Rent(s)	\$
Car Payment(s)	\$
Utilities	\$
Credit Cards	\$
Alimony/Patrimony	\$
Education Loans	\$
Other:	\$
Other:	\$
Other:	\$
Total Monthly Expenses	\$

Savings:

What is your current total balance of savings and checking accounts?

Bank Name: _____ Savings: \$ _____ Checkings: \$ _____
 Bank Name: _____ Savings: \$ _____ Checkings: \$ _____
 Bank Name: _____ Savings: \$ _____ Checkings: \$ _____
 Bank Name: _____ Savings: \$ _____ Checkings: \$ _____

What is the combined net worth of your retirement/IRA savings plans? \$ _____

Do you own any stocks or bonds or have any other investments? If yes, please indicate the total portfolio value:
 \$ _____

What will the grant funds be used for and how do you plan to allot the funds? Please list a proposed budget:

Medical History for Women Applicant:

Seeking grant for infertility treatment for the following (check the appropriate): IVF IUI FET

Age: _____ Height: _____ Weight: _____

Medical Problems:

Have you been told you have infertility? YES NO

Cause: _____

Surgical History:

Current Medications:

Do you smoke? YES NO If yes, how often/packs a day? _____

Have you ever used marijuana or used other illicit drugs? (please specify) _____

If "YES" – when was last drug use? _____

What procedures and treatments has patient already undergone and at what cost?

<u>Procedure/Date</u>	<u>Out of Pocket Costs</u>	<u>Amount Covered by Insurance</u>

Any other pertinent medical information you would like to share:

Medical History for Male Applicant:

Seeking grant for infertility treatment for the following (check the appropriate): IVF IUI FET

Age: _____ Height: _____ Weight: _____

Medical Problems:

Have you been told you have infertility? YES NO

Cause: _____

Surgical History:

Current Medications:

Do you smoke? YES NO If yes, how often/packs a day? _____

Have you ever used marijuana or used other illicit drugs? (please specify) _____

If "YES" – when was last drug use? _____

What procedures and treatments has patient already undergone and at what cost?

<u>Procedure/Date</u>	<u>Out of Pocket Costs</u>	<u>Amount Covered by Insurance</u>

Any other pertinent medical information you would like to share:

CONSENT

By submitting this application and signing below, the applicant(s) understand and consent to the following (initial each statement and sign below):

- 1) To having our names and photographs published and released by Keeping Hope Alive Inc. and any/all press releases should we be awarded a grant through the lottery. _____ (initial) _____ (initial)
- 2) Submitting this application does not in any way guarantee that we will receive a KHA Infertility Grant. _____ (initial) _____ (initial)
- 3) We will not receive any money directly; the grant award will be provided directly to the service providers (fertility clinic). _____ (initial) _____ (initial)
- 4) The grant reviewers will be receiving personal medical and financial information and this information will not be shared with anyone outside the selection committee. _____ (initial) _____ (initial)
- 5) If we are awarded a KHA Infertility Grant we understand that the monies received must be used within 12 months of receipt for the purpose requested and any unused monies will be returned to the KHA grant pool for future use. _____ (initial) _____ (initial)
- 6) Should a refund be available due to services costing less than anticipated, services not being rendered, the refund (up to the value of the grant amount) will be returned to the KHA Infertility Grant pool and that we (applicants) shall not be entitled to any direct compensation or refund. _____ (initial) _____ (initial)
- 7) If it is found that any information contained in this application was falsified, if instructions were not followed, or if your family, fertility, or legal status changed following the submission of this grant and KHA was not notified of such change, the grant money, if offered, may be rescinded or forfeited at the discretion of KHA Board. _____ (initial) _____ (initial)
- 8) KHA has the right to confirm that applicants are in good standing with their fertility clinic. _____ (initial) _____ (initial)
- 9) The information contained in this application is truthful. _____ (initial) _____ (initial)

Applicant # 1 Signature Printed Name Date

Applicant # 2 Signature Printed Name Date

PLEASE EMAIL COMPLETED APPLICATION WITH REQUIRED ATTACHMENTS TO
KEEPINGHOPEIVF@GMAIL.COM

