



*The Nation's first and only
IVF Scholarship Program*

*The InterNational Council on Infertility
Information Dissemination, Inc.*

Sponsored by



*Program Established
April 2004*



Dear Heart Applicant/s,

Thank you for your interest. INCIID's national IVF scholarship program is designed to provide donated IVF (in vitro fertilization) services to those with both financial and medical need for the procedure but who do not have insurance to cover it.

Some instructions and tips for filing the application and required documents:

- If any part of the application is incomplete or missing, it will be returned to the applicant. In order to continue the process you will have to resubmit it with a \$25.00 processing fee.
- Please be sure the application is **legible and current** -- especially email addresses. Print or type it. If we don't have this information, your application **will be delayed**. If you need to change your address or phone information write to INCIIIDinfo@inciid.org and include your full name, user name, old address and new address as well as a contact number in case we need to call you.
- If you and/or your partner are self-employed please include a letter describing your business, incorporation status and other details pertinent to your financial status. The more accurate picture you provide to the committee the better your chance of selection
- **Criteria for applicant:** One applicant must be an INCIID Interactive Community Member at the **Bronze Level or higher**. If you are not currently a member, please register **FIRST** here: <https://www.inciid.org/INCIIIDregister.phtml> selecting the Bronze membership level. You must then **ACTIVATE** your account. If you have problems with activation send an email to INCIIIDinfo@inciid.org.
- **Fund Raising Commitment for Finalists:** All finalists chosen to receive a scholarship will have a fund raising commitment to INCIID. The current commitment amount is \$3500. This amount can change without notice. Once you become a finalist, INCIID will send you a fund raising packet to get you started. This is not money which comes out of your pocket but instead money that you help INCIID raise in order to support the INCIID mission and work INCIID does. **This money does NOT guarantee a cycle.** All donations are tax deductible. **Why do we do this?** By creating fundraising teams, we form a working relationship and partnership with finalists. If you are familiar with Habitat for Humanity – you know they have a "work requirement". This commitment helps you become part of the process. We believe we can serve our community more efficiently by partnering with consumers who believe in our mission.



- Send only one-sided documents. **Do NOT send us double-sided documents or documents that are stapled.**
- **Do NOT staple** anything together.
- **You MUST have medical recommendation letter from a fertility specialist included UNLESS you have written authorization from INCIID to exclude this.** Although all applications are reviewed case-by-case, it is **rare** for INCIID to allow medical records to be sent in place of the letter from a reproductive endocrinologist.
- **If you are a cancer survivor**, please send a letter from your oncologist or treating physician (as well as the recommendation for medical IVF) clearing you to cycle and giving a prognosis. If you need egg freezing, please email us and we will send you information about a program that has been established to do this for you free.
- It is helpful for our limited staff if you don't call or email to check on application status. We will work as quickly as possible to process the applications. Our staff time is very limited and calling just slows the process for you and everyone else. You will receive an email from INCIID after processing your application.
- Mail the application and all documents to PO Box 6836, Arlington, VA 22206 This is the only address from which we will accept applications. We understand the need for you to know the application is delivered but it would be helpful if you didn't ask us to sign for it as it further delays the process.
- Please send all documents and forms together **including the check list.**
- **All signatures must be original** and if two parties are making the application, both must sign and provide all documentation including financials.
- The Informed Consent and Acknowledgement of Risk Form must be **notarized and original**. Be sure to COPY all documents in the packet before mailing it. Always keep a copy of important paperwork.

Before you send questions to us, please check and/or re-read the FAQ (frequently asked questions) here: <http://www.inciid.org/faq.php?cat=infertility101&id=22> other program details can be found here: <http://www.inciid.org/article.php?cat=&id=239> If you can not find answers, by all means email or call us.

INCIID Executive Director

<http://www.inciid.org>



Application Process

All applicants will provide us with:

- A fully completed and signed application form. To be eligible for the scholarship you must be an annual donating member of the INCIID Community Bronze Level or higher. This means the member donates a minimum of \$55 or more annually. There will be a processing fee if the application has to be returned and submitted more than one time. If at anytime you want to cancel your annual donation to INCIID, you must do so in writing via FAX (703) 379-1593 or US Mail to PO BOX 6836 or email (INCIIDinfo@inciid.org). INCIID will respond by email to this request. You must have a valid email address to receive a receipt.
- A signed letter of referral from a qualifying physician (a fertility specialist) The letter should provide a diagnosis code and certify the medical need for IVF treatment;
- Proof of income/wages from your employer (Applicants will provide the two most recent **original** pay stubs; from each employer if both partners are employed);
- A copy of your the last two IRS Tax Returns (all returns if partners file separately);
- A personal letter to INCIID heart committee, explaining the compelling nature of the applicant's circumstance. This letter is weighted heavily by the committee. It is important to tell the committee why you think you need a scholarship. Presenting the best picture of your circumstances (including financial) will help them determine if you need financial assistance and if you have the income to provide for a child should you become pregnant.
- A signed waiver indemnifying INCIID, from liability.
- A signed copyright and media release giving INCIID full rights to tell the applicant's story; if selected, applicants must also agree to provide photographs (including partner) and agree to appear in stories or other media about the From INCIID the Heart program.

All applications and parts of applications, photos etc. become the property of INCIID, Inc. We are required to keep them on file for a specified amount of time determined by state law and legal recommendation.

Support

The InterNational Council on Infertility Information Dissemination, Inc (INCIID – pronounced "inside") is a nonprofit, charitable and educational organization tax-exempt under section 501(c)(3) of the Internal Revenue Code. INCIID relies on tax-deductible contributions from individuals, businesses, and foundations for its support.

INCIID is grateful to **EMD Serono** for their support of this program.

Application Tips & Suggestions

- Mount pay stubs or other oddly sized application components (photos etc.) on sheets of 8.5 x 11 paper using transparent tape (NO STAPES). This helps make processing and in particular "scanning" easier.
- Do not fold or otherwise mutilate any of the documents as they will all be scanned.

- If you include a photo, please label it with your name and date. We do not return photos.
- If you do need to write be sure your question is **specific** and not already answered in the **FAQ**. <http://www.inciid.org/faq.php?cat=infertility101&id=22>
- If you are over 40 you may want to let the committee know whether or not you are agreeable to use of donor eggs. Sometimes the committee will not grant a scholarship if they believe the applicant will not be successful without use of a donor.

If a scholarship recipient is matched to a donor clinic and the doctor discovers the likelihood of a viable pregnancy is very low without the use of a donor's eggs, s/he may decide they cannot move forward without making the decision to use a donor. Applicants may want to let the committee know where they stand on this issue as it can increase selection chances for women in their 40's .

- Your letter is one of the **most important** pieces of your application. The committee members read the letters carefully and depend on them to get to know the applicant's situation and circumstance. A compelling letter can make or break an application!

Print Applicant/s Name: _____

Date: _____



From INCIID the Heart

Please READ CAREFULLY and include this signed Check-List with your completed applications:

1. ____ On the **day** you send in your application. Please **print, re-read and sign the only the first page of the FAQ showing understanding and agreement with the application process and the FAQ explanations**. The FAQ date and your application date should be the same.
<http://www.inciid.org/faq.php?cat=infertility101&id=22> (ALL applicants must sign.)
2. ____ I/we understand that if selected for the scholarship we will form a "Heart Team". Team members will raise a minimum of \$3500 dollars freely and willingly to support the INCIID Mission and programs. I/we understand this is not a guarantee of a free IVF cycle.
3. ____ Mailed Date: _____
4. ____ I/We understand that if we change our minds about the cycle or for any reason decide not to move forward, no donations will be refunded or returned.
5. ____ I/We understand this scholarship is designed for INCIID Community members who support INCIID at the Bronze donation level --- \$55 annually. We agree to support INCIID at this level until we cancel our pledge in writing before it processes.
6. ____ **DO NOT FOLD, STAPLE, BEND PAPERS AS THEY MUST BE DIGITIZED**. Any applications with staples will be sent back to the applicants.
7. ____ **ALL documents should be the same size and/or NEATLY mounted to an 8.5x 11 sheet/s of paper** with no folds, bends, staples etc. If any documents are smaller or loose in the packet, the entire packet will be sent back to the applicants.
8. ____ I/we have **copied the the application packet for ourselves**.
9. ____ I/We have included this "**Check-List**". Applications should be in numerical order based on the checklist starting with number 8.

Please arrange the application in the following order _____

10. ____ I/We have included the **Check list**.
11. ____ I/We have completed **Application form** including **User Name** and **Email address CLEARLY printed or typed**. ____
12. ____ I/we (one of the applicants) has registered as an **annual "Bronze" or higher** lever member here: <https://www.inciid.org/INCIIDregister.phtml> **So proof of membership here**.
If you did not receive an email, you need to contact INCIIDinfo@inciid.org immediately.
13. I/We (One of the applicants) **has activated the INCIID user account** and posted at least one message. Print a copy of the message you posted and attach it to your application. (INCIID can not process the application without an **activated** user name, email address and INCIID account). Do **NOT** send your application without **testing** your user account.
14. ____ I/we have included the financial statement.
15. ____ I/We have included a **front and back copy** of my/our health insurance cards.
16. ____ I/We have written our Personal Statement describing my/our infertility history (including diagnosis and number of previous IVFs) & giving **compelling reasons** to be chosen for the program.

Print Applicant/s

Names: _____ Date: _____

- 17. ____ I/We have included a **referral letter from a qualifying physician** (a fertility specialist) recommending me/us as medical candidate/s for IVF, **providing a diagnosis code**, and reason for (medical necessity) for IVF. It is helpful if the physician indicates a willingness to consult and otherwise work with the clinic donating the IVF cycle to handle your medical case. You must have WRITTEN permission from INCIID to exclude this letter. ***We do not accept medical records.***

- 18. ____ I/We have included copies of the **two most recent tax returns** (most recent two years). If filing after April 15th, we require the previous currently filed and previous years returns. If you are self-employed you will need to give us **a description of your business**, the name of your accountant and permission to contact him/her with questions about your taxes. If you are disabled, please include a statement about your disability and/or you inability to work.

- 19. ____ I/We have included **copies of my/our W2s** with tax returns.
- 20. ____ If a previous IVF has occurred, you should include a summary letter with results of this cycle. I/ We have included a **summary letter from the physician who did our last IVF cycle/s**. The letter should give an over view of the cycle, embryo quality and any theory on why it did not work.
- 21. ____ I/We have included the **most recent paystubs for 2 pay periods** (If 2 are applying you will provide four paystubs total) covering a month of employment. If you are paid only once a month you need only include 1 paystub each.
- 22. ____ I/we have included **the original and notarized release** indemnifying INCIID from liability as well this original signed and notarized check list.
- 23. ____ I/We have included the **original copyright and media release** form giving INCIID ownership and all rights to tell your story publicly.
- 24. I have copied my completed packet and Mailed the application packet to: From INCIID the Heart, PO Box 6836, Arlington VA 22206

I / We understand that knowingly falsifying information on this application will result in rejection of my request for participation in the heart program scholarship; that any false information shall render me ineligible for future consideration; and that if accepted, the discovery of a falsehood on my application shall be sufficient grounds for termination from the program.

I / We certify that I/we have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission or false answer or statement on this application or any supplement to it will be sufficient grounds for failure to participate or for my/our discharge from the program should I become a finalist / recipient for a From INCIID the Heart Scholarship. We understand that there is a fund raising component to INCIID in order to support the programs and services.

My/ our signature/s below affirms that to the best of my knowledge all the information in this application is true and correct. **Please have this document notarized.**

Applicant 1 Signature : _____ Date: _____

Print Name: _____

Applicant 2: Signature: _____ Date _____

Print Name: _____



From INCIID the Heart APPLICATION FORM

(Please Print **CLEARLY** and fill out ALL sections. Incomplete applications will be returned without processing.)

Application Date ____/____/____ Email: INCIIDinfo@inciid.org Circle one: Married Single Widowed Divorced Significant Other

APPLICANT INFORMATION

Applicant 1 Legal Name Last			First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Any children? Yes <input type="checkbox"/> NO <input type="checkbox"/> If so how many for Each Applicant 1: 2:
Occupation Applicant 1	Employer Name & Phone 1		INCIID User Name 1		Birth Date 1	Age 1	Sex 1 <input type="checkbox"/> M <input type="checkbox"/> F
Street Address			City	State	ZIP Code	Social Security App 1	Home Phone No. ()
Full Legal Name of Applicant 2			Email Address Applicant 1			Cell Phone Applicant 1: ()	
Occupation applicant 2			Employer Name & Phone Number Applicant 2			Cell Phone Applicant 2: ()	
Do either of you have Insurance covering ANY infertility Procedures (meds, diagnosis or treatment) <input type="checkbox"/> Yes NO <input type="checkbox"/>			Please explain:				
Name & Phone Health Insurance Plans Applicant 1:				Applicant 2			
Home Address Applicant 2 (if different from above:)							
Social Security No. Applicant 2		Nick Name Applicant 1:			2:		Employer Phone No. Applicant 2
BMI IVF Applicant:		Height:		Weight :		For Applicant undergoing egg retrieval	
Birth date Applicant 2 / /	Age Applicant 2		SEX 2: <input type="checkbox"/> F <input type="checkbox"/> M		Email Applicant 2		
Name current Fertility Specialist:				Contact number:			
All finalists selected by the scholarship committee must meet a fund raising requirement to INCIID before they are matched. **All applicants become annual supporting Bronze Members. Do you understand this and agree to it? Yes <input type="checkbox"/> NO <input type="checkbox"/>							
Have you ever been pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many times: _____ How many live births? _____ Losses _____							
Have you or your partner ever been pregnant or produced a pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? _____							
Have you ever had an IVF procedure? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many times? _____ With what physicians or clinic/s: Name and address of clinic and physician: _____							
If you have already had an IVF we need a follow up letter to explain why it failed. Follow up letter included YES NO							
Do you have frozen embryos? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes how many and where are they kept:							

Brief Fertility Summary: (diagnosis)

Please be sure to read over your application before sending it .

I / we the undersigned declare my/our application to be the full truth to the best of our knowledge. All documents and application materials become the property of INCIID Inc. ** Pledges and donations are automated, automatic and recurring. You may cancel your pledge anytime BEFORE it is processed. Once processed all donations are non-refundable. INCIID, Inc. is a 501 c 3 nonprofit organization incorporated in the Commonwealth of Virginia. I have made a complete copy of this application BEFORE sending it to INCIID>

X Signature Applicant 1	DATE
X Signature Applicants 2	DATE
We mailed our application on	DATE

Office Use Only: Date Received by INCIID: _____ **Notes:** _____



From INCIID the Heart Scholarship Program Financial Statement

Gross Weekly, Monthly or Annual Income from All Sources

1. Base pay from salary, wages \$ _____ per
 (circle one) | Weekly | Bi-Weekly | Monthly | Annually|
 Or if Self Employed, provide Income (**completed Schedule A should already be attached to your tax returns**) \$ _____ Annually

2. Income from overtime-commissions-tips-bonuses-part-time job \$ _____

3. Dividends or interest income: \$ _____ Annually

4. Income from trusts or annuities \$ _____ for 2 tax years.

5. List all pension and retirement funds for tax years provided in application:

- _____ Amount in Fund \$ _____
- _____ Amount in Fund \$ _____
- _____ Amount in Fund \$ _____
- _____ Amount in Fund \$ _____
- _____ Amount in Fund \$ _____
- _____ Amount in Fund \$ _____
- _____ Amount in Fund \$ _____
- _____ Amount in Fund \$ _____

Total of all annuity, pension and retirement funds: \$ _____

If you need more room use a separate piece of paper and list all other funds.

6. Social Security Income \$ _____

7. List any kind of disability, unemployment insurance or worker's compensation income.

- _____ Amount \$ _____ Annually
- _____ Amount \$ _____ Annually

8. Public Assistance (welfare, A.F.D.C. payments) \$ _____

9. Rental from Income Producing Property (**attach a completed Schedule B**)

Amount \$ _____

10. **All other sources of income:** \$ _____



List ALL Joint and Individual Applicant Assets

(Attach additional pages if necessary)

1. List all Land, Houses, or other property owned including property location/s and Fair Market Values (FMV)

a. _____ FMV \$ _____

Address: _____

b. _____ FMV \$ _____

Address: _____

c. _____ FMV \$ _____

Address: _____

(If you need more room use a separate sheet of paper and attach it.)

2. List pension fund Total values \$ _____ (IRA, Keough, Pension, Profit Sharing, Other Retirement Plans, TDA's etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

3. Life Insurance: Present Cash Value \$ _____

4. Savings account/s Balance: \$ _____

5. Checking account Balance: \$ _____

6. Money Market Accounts, and CDs values: \$ _____

7. Motor Vehicles (**year, make and model** plus approximate Blue Book Values

<http://www.kbb.com>)

a. Year: _____ Make: _____ Model _____ Value _____

b. Year: _____ Make: _____ Model _____ Value _____

c. Year: _____ Make: _____ Model _____ Value _____

8. Other (stocks, bonds, collections) \$ _____



from INCIID the Heart

A project of INCIID
The InterNational Council on Infertility Information Dissemination

Informed Consent and Acknowledgement of Risk

IN CONSIDERATION for the opportunity to apply for participation in the INCIID from the Heart program, a project of the InterNational Council on Infertility Information Dissemination, Inc. ("INCIID"), the undersigned applicant and her/his partner understand and agree that:

1. there is significant risk in undergoing in vitro fertilization treatment including but not limited to: irritation, discomfort and bruising of the arm related to taking injections; discomfort and possible side effects from taking "fertility drugs" including but not limited to the over stimulation of the ovary which may require hospitalization and medical therapy; discomfort and the possibility of infection or injury to abdominal organs or blood vessels during the egg retrieval process; the chance of multiple pregnancy (e.g., twins, or triplets) due to the implantation of multiple embryos; and the chance of fetal and/or newborn malformations (although IVF-ET is not considered to increase the risk of fetal and/or newborn malformations any higher than such risk is with normal conception);
2. they assume all risk of and financial responsibility for any loss or injury related directly or indirectly to participation in the program and agree to indemnify and hold INCIID harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of suit and actual attorneys' fees incurred or suffered by the applicant as a result of, or arising out of, the applicant's participation in the INCIID from the Heart program except for claims resulting wholly from the gross negligence of INCIID;
3. INCIID itself is not a medical expert or provider of any medical services and makes no determination as to whether this program is advisable or appropriate for anyone; participation in this program is voluntary and participants in the program agree to evaluate the risks of participating in the program independently and with the aid of their personal medical professionals to determine if the program is appropriate for them, their families and their medical and personal needs;
4. all aspects of the program including without limitation the services donated, the criteria for participation, the application and review process and the methods used to publicize the program are subject to change at anytime, without notice, in INCIID's sole discretion based on the availability of donated services, funding and the best interests of INCIID and the public;
5. the physicians, clinics and other donating medical services for this program may require additional consents and releases prior to allowing applicants selected by INCIID to participate in the program and receive medical treatment; and,
6. this agreement shall be construed and interpreted in accordance with the laws of the Commonwealth of Virginia without regard to its conflicts of laws provisions and agree further to the submission of any dispute under this agreement or the INCIID from the Heart program as a whole to Federal or Virginia courts located solely within the Commonwealth of Virginia.

This Informed Consent and Acknowledgement of Risk may not be amended, supplemented or abrogated without the written consent of INCIID.

The undersigned applicant and her/his partner have read and understand the content of this Informed Consent and Acknowledgement of Risk and execute this agreement freely and voluntarily.

Applicant signature

Date

Applicant's partner signature

Date





NOTORIZATION OF INCIID INFORMED CONSENT AND ACKNOWLEDGMENT OF RISK FORM

STATE OF _____

CITY/COUNTY _____

I HEREBY CERTIFY, that on this _____ day of _____, 20____, before me, a Notary Public in and for the jurisdiction written above, personally appeared _____ and _____, being well known to me (or satisfactory proven) to be the persons who signed this Informed Consent and Acknowledgement of Risk agreement, and acknowledged that they executed the agreement as their free and voluntary act and deed for the purposes specified in the agreement.

Notary Public

My commission expires:



Copyright and Media Release

From INCIID the Heart is a program to assist infertile couples who are trying to build a family. INCIID, a nonprofit charitable and educational organization recognized as tax-exempt under Section 501(c)(3) of the Internal Revenue Code, relies on tax-deductible contributions for its support. As a result, it is critically important for INCIID to be able to tell its story, and the stories of the people it helps, to gain public support for its programs. INCIID appreciates your willingness to share your story so that other couples trying to build families may also be helped.

RIGHTS GRANTED TO INCIID

The undersigned, an applicant to participate in the From INCIID the Heart program, a project of the InterNational Council on Infertility Information Dissemination (“INCIID”), grants and conveys to INCIID the exclusive rights to develop and tell the applicants story related to the applicant’s efforts to build a family, including but not limited to information regarding the applicant and her/his partner, the applicant’s immediate family members, the applicant’s medical and financial struggles related to pregnancy, pregnancy loss, infertility, fertility treatment and the like (known in this agreement and release collectively as your “Story”). Applicant grants INCIID the exclusive right to share her/his Story for and throughout the entire World, in and for all languages, in any and all media of every nature, now or hereafter developed, including but not limited to print media including books and magazines, and electronic media including hard and floppy disks, CD-ROMs, and on INCIID’s website. The rights granted here shall provide INCIID, in INCIID’s sole discretion, with the right to register works that include applicant’s Story in INCIID’s name with the U.S. Copyright Office and in any similar public offices in other countries of the world, and the right to publish the Story in any media, in whole or in part, and the right to grant reprint and excerpt permission to third parties. Applicant agrees to execute, acknowledge and deliver to INCIID such further instruments and documents as INCIID at any time(s) may reasonably request to facilitate registration or filing of any such claims of copyright, to record the transfer of rights made hereby in any public office, or to otherwise give notice of INCIID’s rights hereunder to any third parties.

Applicant agrees to be truthful with respect to all information provided to INCIID for inclusion in applicant’s Story. Applicant understands that providing incomplete, inaccurate or false information will cause significant harm to INCIID and agrees to indemnify and hold INCIID harmless against any claim, demand, or recovery brought against INCIID as publisher of the applicant’s Story with respect to any information applicant provides that is not complete, correct, accurate and truthful.

Upon selection for participation in the INCIID for the Heart program applicant agrees to provide INCIID and/or its agents with photographs of applicant, applicant’s partner and immediate family members and additional information to facilitate the telling of applicant’s story as requested by INCIID. Applicant agrees to allow INCIID and/or INCIID’s representatives or agents to attend, photograph, videotape and otherwise record for purposes of telling applicant’s Story, medical appointments and other events related to applicant’s efforts to build a family.

Applicant agrees and understands that she/he shall receive only the donated medical services included in the program as consideration for granting these rights to INCIID and shall receive no other consideration or compensation for granting these rights. Applicant hereby waives claim to any royalties, fees or other compensation INCIID may receive related to the publishing or other telling of applicant’s Story.

The undersigned applicant and her/his partner have read and understand the rights granted to INCIID in this Copyright and Media Release and voluntarily grant the rights detailed in this release to INCIID in consideration for the opportunity to apply to participate in the From INCIID the Heart program.

Applicant signature

Date

Applicant’s partner signature

Date