

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

**The InterNational Council on Infertility
Information Dissemination, Inc.
(INCIID Inc. 2018)**



**Sponsored by EMD Serono
Public Donations and Contributions**



The InterNational Council on Infertility Information

Dear Heart Applicant/s,

Thank you for your interest in INCIIID's 2018 national IVF scholarship program 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 not be processed.
- Please be sure the application is **legible and current** -- especially email addresses. Print or type the application. If we cannot read the application it **not be processed.** Send any questions 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.
- **Criteria for applicant:** Applicants must be supporting the INCIIID Mission with a an annual donation of a **Bronze Level or higher** (\$55) If you are not currently a member, please register **FIRST** here: <https://www.inciid.org/user> 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 INCIIID. The current commitment amount is \$3800. Once you become a finalist, INCIIID 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 INCIIID raise in order to support the INCIIID mission and work INCIIID does. **This money does NOT guarantee a cycle and applicants have to agree to travel if necessary to be matched to a clinic.** All donations are tax deductible to the extent sanctioned by law. INCIIID is a charity (501 c 3) . Check with your accountant to be sure as individual circumstances vary.

Why do we require fundraising?

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.

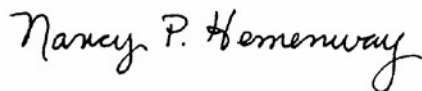


The InterNational Council on Infertility Information

INCID | (703) 379-9178 <http://www.inciid.org>

- Send only one-sided documents. **Do NOT send us double-sided documents or documents that are stapled. We scan all documents. We will not process documents that are stapled.**
 - **You MUST have medical recommendation letter from an infertility specialist (Reproductive Endocrinologist)** We are not physicians and cannot accept medical records in place of a recommendation from a fertility specialist.
 - **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.
- **NEW in 2018:** Please feel free to send us a video "letter" representing your compelling fertility journey. Email us and send us a link to your video or we can provide a Dropbox link to upload your video. All video submissions need to be in an MP4 format. Video become the property of INCIID.
- **This year we are allowing you to FAX your application to 1-844-730-7878 This is a SECURE HIPAA compliant fax number. You are still required to send all paper documentation. Faxing your application decreases processing time for INCIID.**
- Mail the application and all documents to 5765 F Burke Centre Pkwy, Box 330. Burke. VA 22015
 - Please send all documents and forms together **including the check list**.
 - **All signatures must be original.** Unless you have no partner, both applicants 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://inciid.org/scholarship-faq> If you cannot find answers to any of your questions, by all means email (INCIIDinfo@inciid.org) or call us.



INCIID Executive Director

The 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.
- A signed recommendation for IVF 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 even if partners file separately);
- A personal letter INCIID's heart committee, explaining the compelling nature of the applicant's circumstance. NEW in 2018, you are encouraged to send us a video "letter". The compelling nature of your infertility journey is an important component weighted heavily by the committee.

This is your chance to tell the committee why you think you need a scholarship and why they should present the opportunity to you. 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. If you are accepted we ask you to put together your story in video form.

- 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.

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.

Remember INCIID will not process incomplete applications.

Print Applicant/s Names: _____

Date: _____



From INCIID the Heart
Application

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

1. ___ On the **day** you send in your application- Print the FAQ (link provided) and sign it.

<http://inciid.org/scholarship-faq> (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 \$3800 dollars freely and willingly to support the INCIID Mission and programs. I/we understand this is not a guarantee of a free IVF cycle and that I/we may have to travel in order to be matched. Applicants also agree to put a video presentation together with their compelling story. This will be placed on the INCIID Website and can help with fund raising.

MAKE A COPY OF YOUR COMPLETED APPLICATION BEFORE YOU SEND IT.

3. ___ Mailed Date: _____ On the day you mail it send us an email to INCIIInfo@inciid.org and let us know you mailed the application.

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. ___ ***I/we understand NOT FOLD, STAPLE, BEND PAPERS AS THEY MUST BE DIGITIZED.*** Any applications with staples will not be processed.

7. ___ I/we have ***copied the the application packet for ourselves.***

8. ___ I/We have included this **"Check-List"**. Applications should be in numerical order based on the checklist **starting with number 8.**

10. ___ I/We have included the **Check list**.
11. ___ I/We attached the one page application form.
12. ___ I/we (one of the applicants) has registered as an **annual "Bronze" or higher** lever member here: <https://www.inciid.org/user> **Attached is our receipt and proof of membership**
13. I/We (One of the applicants) **has activated the INCIID user account** and posted at least one message on INCIID's FACEBOOK (<http://www.Facebook.com/inciid>). Print a copy of the message you posted and attach it to your application. (INCIID cannot process the application without an **activated** user name, email address and INCIID account).
14. ___ I/we have included financial forms statement/s.
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.)

If you included a video, The link to our video :

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 your reasons for an inability to work.
19. ___ I/We have included **copies of my/our W2s** with tax returns.
20. ___ 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.
21. ___ I/we have included **the original and notarized release** indemnifying INCIID from liability
23. ___ I/We have included the **original copyright and media release** form giving INCIID ownership
- INCIID has all rights to tell your story publicly.
24. I have copied my completed packet and Mailed the application packet to



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 fundraising 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: _____

Date _____

Applicant 2: Signature: _____

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 Female 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) \$ _____

List all Joint and Individual Liabilities (mortgage, credit cards, loans, student loans or any other liability)

Please copy this page or use extra paper if you need more space.

Don't forget to include your monthly mortgage, ***home or apartment rental expenses***.

Be sure to give as complete description and financial picture.

Creditor Name	Nature of Liability	Date of Origin	Amount Owed	Monthly Payment

Total Liabilities from the list above: \$_____

Total Monthly payments from your list of liabilities: \$_____

Please provide any other comments or explanations for the committee:



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:



A PROJECT OF INCIID
The InterNational Council on Infertility Information Dissemination, Inc.

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