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# From INCIID the Heart IVF Scholarship Program 2019

The InterNational Council on Infertility Information Dissemination, Inc. In April of 2004 (INCIID--pronounced "inside") launched the first and only National IVF Scholarship Program for those who have a medical need for IVF but who are without financial resources and insurance making the procedure out of their reach.

# The Heart Program

Dear 2019 Heart Applicants,

“Thank you for your interest in the first and only 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.

We are pleased to work with each individual or couple. Please consider sending us a photo array or video to help us understand the compelling nature of your story. We can set up a transfer folder in box.com for each applicant.

Some instructions and tips for filing the application and required documents follow.

- Please be sure the application is complete.
- Please be sure the application is legible and current -- especially email addresses. Print or type the application. We cannot process what we cannot read.

If information changes or there are updates, send those or questions to [INCIIDinfo@inciid.org](mailto:INCIIDinfo@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: Eligible applicants must be annual supporting community members at the Bronze Level or higher (\$55) If you are not currently a member, please register here: <https://www.inciid.org/user>. If you have problems with activation send an email to [INCIIDinfo@inciid.org](mailto:INCIIDinfo@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 \$3900. Once you become a finalist, INCIID will send you a fund raising packet to get you started. We will work with you on any community fundraiser you decide upon. 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, the scholarship program and work INCIID does. This money does NOT guarantee a cycle and applicants must agree to travel if necessary to be matched with a clinic. All donations are tax deductible to the extent sanctioned by law. INCIID is a charity (501 c 3) . Check with your accountant to be sure as individual circumstances vary.

The majority of donations INCIID receives are contributed by individuals and professionals who believe an educated patient is important for success. By creating fundraising teams, we form a 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” a fundraising work requirement is beneficial to all involved and allows both parties to serve our community

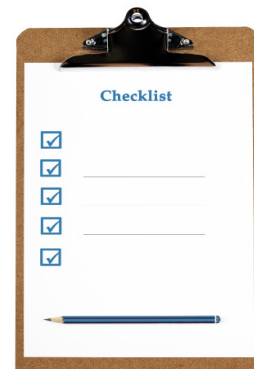
# Making a Difference

Please send only one-sided documents. Do NOT send us double-sided documents or documents that are stapled. Please 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 need to discuss this requirement, please feel free to email and set up a time to talk by phone (INCIIDInfo@inciid.org)• If you are a cancer survivor, please be sure to clear your participation in our program with your doctor. We may require a letter from your oncologist or treating physician (as well as the recommendation for medical IVF) clearing you to cycle and giving a prognosis.
- Please know we will work as quickly as possible to process the applications. You will receive an email from INCIID after processing your application. If you haven't heard from us in 4 weeks feel free to email and ask about the application.
- Mail the application and all supporting documents to  
INCIID the Heart  
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. We are happy to have you fax the application. Email us and request our HIPAA secure Fax number. All originals must follow by US Mail.
- Be sure to COPY all documents in the packet before mailing it. Always keep a copy of important paperwork. Thank you for your application. I look forward to working with you to help you build your family.

*Nancy P. Hemenway*

# Check List



Applicants Names: \_\_\_\_\_

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

1. \_\_\_\_\_ I/we understand that if selected for the scholarship we will form a “Heart Team”. Team members will raise a minimum of \$3900 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.
2. \_\_\_\_\_ Mailed Date: \_\_\_\_\_
3. \_\_\_\_\_ 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.
4. \_\_\_\_\_ I/We understand this scholarship is designed for INCIID Community members who support INCIID at the Bronze donation level --- \$55 annually.
5. \_\_\_\_\_. ALL documents should be the same size and/or NEATLY mounted to an 8.5x 11 sheet/s of paper. No staples or double-sided documents are included.
6. \_\_\_\_\_ I/we have copied the the application packet for ourselves.
7. \_\_\_\_\_ I/We have included this “Check-List” . Applications and documents are in numerical order (based on this check list). should be in numerical order based on the checklist starting with number

**Arrange your application and documents in the following order**

- 10. \_\_\_\_\_ Signed and Notarized Check list.
- 11. \_\_\_\_\_ \$55 annual donation made (online) or enclosed with application (include receipt)
- 12. \_\_\_\_\_ Application
- 12. \_\_\_\_\_ Financial form completed with all debts and income listed
- 13. \_\_\_\_\_ Front & back copies of health insurance cards
- 14. \_\_\_\_\_ Personal Compelling Letter with optional Link or upload of video or photo arrays
- 15. \_\_\_\_\_ Referral Letter from a fertility specialist recommending IVF and providing the reasons for recommending the procedure.
- 16. \_\_\_\_\_ Two years and most recent IRS income tax filing After April 15th we require the two previous years. For example, after 4/15/2019, tax returns for 2018 and 2017 are required. 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.
- 17. \_\_\_\_\_ Two cycles of paystubs for both applications (if applicable)
- 18. \_\_\_\_\_ If there are previous IVF's include a ummary letter from the physician with recommendations and prognosis for further cycle/s. The letter should give an over view of the cycle, embryo quality and any theory on why it did not work.
- 19. \_\_\_\_\_ Notarized indemnification form
- 20. \_\_\_\_\_ Media release form
- 21. \_\_\_\_\_ I/We copied our packet for our records.

I / We understand that knowingly falsifying information on this application will result in rejection of my/our participation in the heart program scholarship. 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.

\_\_\_\_\_  
Applicant 1 Signature

\_\_\_\_\_  
Applicant 2 Signature

From INCIID the IVF Heart Application

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle One: Married Single Windowed Divorced Significant Other

**APPLICANT INFORMATION** EMAIL: INCIIDinfo@inciid.org

Applicant 1: ( Legal Name) Last      First      Middle			Prefix:	Children: YES    NO	
				Email 1:	

Occupation 1	Employer Name & Phone	INCIID User Name 1	Birthdate	Age 1	Gender/Sex 1
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Address (Street)      Apt.#      City      State      Zip			Home Ph:		Soc Security # 1
			Cell:		

Applicant 2: (Legal Name) Last      First      Middle			Home Ph:		Soc Security # 2
			Cell:		

Occupation 2	Employer Name & Phone 2	INCIID User Name 2	Birthdate:	Gender/Sex	
			Age:		

Address:			Email:		Children

Health Insurance:		Does it cover any fertility procedures? Yes    No	If Yes Explain:
Name & Phone Number of Plan/s			
App 1		Yes    No	
App 2		Yes    No	

Female Applicant: Height _____ Wt _____	Name Current Fertility Specialist	Address & Contact Number
BMI: (Specific to Applicant undergoing egg retrieval)		

**All finalists selected by the scholarship committee willingly agree to a fundraising commitment. All applicants agree to an annual community membership of \$55. Do both applicants willingly agree and support this commitment? Yes    NO**

Pregnancies: App 1 \_\_\_\_\_ App 2 \_\_\_\_\_ Live births App 1 \_\_\_\_\_ App 2 \_\_\_\_\_

How Many Previous IVF Cycles: App 1 \_\_\_\_\_ App \_\_\_\_\_ Provide Dates for each

Provide Names of Clinics for Each (Use a separate sheet of paper if necessary)

**PLEASE READ OVER YOUR APPLICATION BEFORE SENDING**

I/We understand and declare my/our application to be the full truth to the best of my/our knowledge. ALL documents and application materials. Annual pledges and donations are automated and recurring. You may cancel a pledge or donation ANYTIME BEFORE it is processed. Once processed donations are non-refundable. INCIID is a 501 c 3 nonprofit charity incorporated in the Commonwealth of Virginia. I/we made a complete copy of our applications and documents before sending them.

Signature Applicant 1 \_\_\_\_\_ Date: \_\_\_\_\_

Signature Applicant 2 \_\_\_\_\_ Date: \_\_\_\_\_

**From INCIID the Heart Application Form, Page Two.**

**Comments:**

**Provide a Brief Fertility History**

Office Use Only

**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) \$ \_\_\_\_\_ (Annual Salary)

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

3. Annual dividends or interest income: \$ \_\_\_\_\_

4. Annual Income from trusts or annuities \$ \_\_\_\_\_

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

Name of Fund and balance in each account:

Annuity: \_\_\_\_\_ Balance: \_\_\_\_\_

Annuity: \_\_\_\_\_ Balance: \_\_\_\_\_

Annuity: \_\_\_\_\_ Balance: \_\_\_\_\_

Annuity: \_\_\_\_\_ Balance: \_\_\_\_\_

Annuity: \_\_\_\_\_ Balance: \_\_\_\_\_

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

If you need more room, please include a separate piece of paper.

6. Social Security Income \$ \_\_\_\_\_

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

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

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

Any other income source: \_\_\_\_\_ \$ \_\_\_\_\_



**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)

Property 1. \_\_\_\_\_ Address: \_\_\_\_\_ FMV \$ \_\_\_\_\_

Property 1. \_\_\_\_\_ Address: \_\_\_\_\_ FMV \$ \_\_\_\_\_

Property 1. \_\_\_\_\_ Address: \_\_\_\_\_ FMV \$ \_\_\_\_\_

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: \$ \_\_\_\_\_

a. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_ Value: \$ \_\_\_\_\_

a. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_ Value: \$ \_\_\_\_\_

a. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_ Value: \$ \_\_\_\_\_

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

# Monthly Living Expenses

List all Joint and Individual Liabilities. Some examples are: rent, mortgage, utilities, credit cards, loans, student loans or any other liability or debt. Include all monthly expenses. The committee is after a clear financial picture. Attach an extra sheet of paper if you need more space.

Creditor Name	Nature Liability	Origin Date	Balance	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:

# Copyright & Media Release

## 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 applicant's 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 signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Informed Consent & Risk

## 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 signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Notorization of INCIID Informed Consent Form

## 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:

# INCIID Confidentiality Agreement

If selected as a finalist for the From INCIID the Heart Scholarship program, I understand and agree that I am participating as a volunteer and good-will ambassador of INCIID and its programs. As a result of my relationship to and with INCIID, I may become aware of confidential INCIID information, including without limitation:

- agreements that I sign;
- INCIID corporate, business and financial information;
- INCIID operational plans;
- private INCIID membership and personal data;
- information shared on INCIID private forums for scholarship recipients only; and,
- other confidential INCIID information.

Confidential INCIID information is not always marked “confidential” but is confidential because of the type of information that is, and because it is not published or otherwise distributed to the general public.

I understand and agree, that to provide equal protection and benefits to all INCIID members (consumers and professionals), INCIID may want to schedule or otherwise control the dissemination of some or all of the information that I become aware of during my participation as a scholarship recipient, volunteer and INCIID goodwill ambassador.

Therefore, I agree to maintain the confidentiality of all INCIID information except for information has been intentionally disseminated or made available to all INCIID members and/or the public at-large. I agree not share or communicate any INCIID confidential information to others without the express written permission of INCIID.

In addition, I will not use INCIID confidential information for personal or professional use beyond my specific need to use the information as part of the INCIID programs in which I participate.

If I have any questions about this agreement, or whether any specific information is confidential and subject to nondisclosure, I will contact INCIID for written permission to use the information prior to disclosing the information.

Notary Seal Here:

Please sign and send with your application.

\_\_\_\_\_ Signature applicant 1

\_\_\_\_\_ Printed name

\_\_\_\_\_ Signature applicant 2

\_\_\_\_\_ Printed name





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The InterNational Council on Infertility Information Dissemination (INCIID - pronounced "inside") is a nonprofit organization helping individuals and couples explore their family-building options. INCIID provides current information and immediate support regarding the diagnosis, treatment, and prevention of infertility and pregnancy loss, and offers guidance to those considering adoption or childfree lifestyles.

(703) 379-9178 <https://www.inciid.org> E-Mail: [INCIIInfo@inciid.org](mailto:INCIIInfo@inciid.org)