



## SPARKLES' GARDEN OF LIFE GRANT APPLICATION

DATE: \_\_\_\_\_

How did you hear about Sparkles' Garden of Life Grant?

Friend/Family Member    Television    Internet Search Engine    Website: \_\_\_\_\_

Other: \_\_\_\_\_

Thank you for your interest in the Sparkles' Garden of Life Grant. Please remember that all application materials must be submitted to [info@sparklesoflife.org](mailto:info@sparklesoflife.org) no later than **June 23, 2016**. All application materials, including the W2 form(s) and PayPal receipt, must be sent together in one email submission.

Application materials will be kept confidential and reviewed only by the Sparkles' Garden of Life Selection Committee. The Garden of Life Grant will cover up to 33% of one In Vitro Fertilization treatment. By submitting application materials to [info@sparklesoflife.org](mailto:info@sparklesoflife.org), you are agreeing to find/provide the additional funding needed to cover the remaining cost of IVF treatment, if awarded the grant. Please note that submitting false information, or omitting critical information, will result in disqualification from the grant program.

### CONTACT INFORMATION

Full Name	
Address	
City, State Zip	
Home Phone	
Mobile Phone	
Email Address	

## PERSONAL INFORMATION

Date of Birth:  
(MM/DD/YYYY)

Gender:  
 F  
 M

Estimated  
Household  
Income:

Marital Status:  S  M  D  W

If married, how long? \_\_\_\_\_ Yrs

Spouse's name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

How long have you lived in the Houston area? \_\_\_\_\_ Yrs

Current Job Title:

Address of Employment:

Name of Supervisor

Supervisor's Phone Number

Name and phone number of your fertility clinic and/or doctor:

Have you undergone In Vitro Fertilization Treatment before?  Y  N

Why are you applying for the Sparkles' Garden of Life Grant?

Does your insurance cover In Vitro Fertilization treatment?  Y  N

Do you currently have any children?  Y  N

## GIVING BACK

Are you currently involved with an philanthropic or community organizations?  Y  N (If yes, please elaborate.)

Are you available to participate in the **Annual fundraising event?**  Y  N (If no, please explain why not.)

**Are you willing to volunteer at a Sparkles of Life fundraiser or advocacy event?**  Y  N (If yes, explain how you would like to contribute.)

## MEDICAL HISTORY FOR WOMEN

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Body Mass Index: \_\_\_\_\_

Length of time of currently attempting pregnancy: \_\_\_\_\_

### Gynecological History

Age of first period: \_\_\_\_\_ Average length of menstrual cycle: \_\_\_\_\_

History of surgery: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of endometriosis: \_\_\_\_\_

History of pelvic infections: \_\_\_\_\_

### Obstetrical History

*Check all that apply.*

Pregnancy #	Year	Full Term	Preterm	Miscarriage	Terminations

### Previous Infertility Testing

HSG results: \_\_\_\_\_ Laparoscopy: \_\_\_\_\_

Hysteroscopy: \_\_\_\_\_ Other gynecological surgery: \_\_\_\_\_

Ultrasound results: \_\_\_\_\_ Do you have fibroids?  Y  N

Do you have endometriosis?  Y  N If yes, which stage?

**Previous Fertility Treatments**

Procedure/Date	Out of Pocket Cost to You	Amount Covered by Insurance

Medical Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surgical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you smoke:  Y  N

What prescription/over the counter drugs to you take: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you used marijuana or other illegal drugs?  Y  N  
(If yes, please detail which drugs and your frequency of use.): \_\_\_\_\_  
\_\_\_\_\_

Significant Family Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please detail any other important health and/or medical information you think the selection committee should know:

## MEDICAL HISTORY FOR MEN

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Body Mass Index: \_\_\_\_\_

Length of time of trying to conceive: \_\_\_\_\_

Have you had any significant medical problems? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please detail your surgical history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any urological problems?  Y  N

Have you seen an urologist?  Y  N If yes, please write the urologist's name and phone number below:

\_\_\_\_\_

Have you ever fathered a pregnancy?  Y  N

If yes, when? \_\_\_\_\_ Was the child carried to full term?  Y  N

Have you been told that you have male infertility?  Y  N

If yes, what is/was the issue? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Sperm Analysis

Date	Count	Motility	Morphology

Have you ever been treated for cancer?  Y  N

If yes, what medications/treatments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you smoke:  Y  N

What prescription/over the counter drugs to you take: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you used marijuana or other illegal drugs?  Y  N  
(If yes, please detail which drugs and your frequency of use.): \_\_\_\_\_

\_\_\_\_\_

Significant Family Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please detail any other important health and/or medical information you think the selection committee should know:

## DISCLAIMER

By signing below, I authorize Sparkles of Life, Inc. and the Sparkles' Garden of Life Selection Committee to obtain information - written, oral, or other - from my physician and any law enforcement agency, consumer reporting agency, or other persons with knowledge of such information, bearing on my character, general reputation, personal characteristics, mode of living, criminal background and driving record. Sparkles of Life reserves the right to conduct this investigation at any time.

I am aware that my name, address, telephone number, and e-mail address will be distributed to the Sparkles of Life board after the grant has been awarded. I understand that only my contact information will be available to board members, and all other information contained in the application materials will remain confidential, reviewed only by members of the selection committee.

The information I have given is correct and you may verify the information listed if necessary. I understand that selection is at the discretion of the Sparkles' Garden of Life Selection Committee and will not seek compensation of any sort in regards to the decision of the final awardees or the selection process/criterion.

(Electronic signatures are acceptable.)

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_