



2018 Grant Application

Before completing the application, please ensure that you meet all criteria listed below. This will confirm you have read and understand our requirements indicating you are qualified to submit a New Blossoms New Life Foundation grant application.

- Must have had a consultation with Dr. James Goldfarb at University Hospital in Beachwood, OH. The number to call to set up an appointment is 216-286-6551.
- Must reside in the PA tri-county area (Erie, Crawford or Warren counties).
- Female patient must be 39 or younger when starting an IVF cycle. (As of 2018, patient's age is a *guideline*, not a requirement, and is subject to recommendation of Dr. Goldfarb.)
- Must be legally married.
- Must have no more than one child.
- Total household income is taken into consideration when choosing applicants. A copy of your most recent W2 is required
- You will be responsible to cover the cost of your medications.
- You are required to have completed 2 cycles of IUIs (unless Dr. Goldfarb has advised a different protocol).
- You will be required to attend a mandatory informational meeting before a grant can be awarded.
- You will be required to complete service hours prior to starting IVF cycle.
- There is a \$25.00 application fee that must accompany your application.

YOUR CONTACT INFORMATION

Full Name		Name of Spouse	
Full Mailing Address	Street	City, State	Zip Code
Telephone Number		Email Address	

MEDICAL INFORMATION

Date of Birth (of wife)	Age (of wife)	Please list medical diagnosis leading to infertility
OB/GYN Name		OB/GYN Phone Number
Have you been seen by Dr. James Goldfarb? If so, please provide date of last appointment.		Do you have Health Insurance?

YOUR PERSONAL INFORMATION

Do you have any children? If yes, how many?	Total Annual Income	How did you hear of our Foundation?
---	---------------------	-------------------------------------

To allow us to help as many couples as possible, we would ask you to contribute what you can towards an IVF cycle. Please indicate the amount, if any, that you are able to provide.

If selected, are you willing to have your progress with the IVF process posted on our website? (This will include photos)

Please tell us a little about yourself and why you feel you would qualify for this grant. Feel free to attach another piece of paper if necessary.

Please mail this completed application, a copy of your most recent W2, a \$25 application fee in the form of a Check/money order made payable to New Blossoms New Life Foundation, as well as a picture of you and your spouse to:
New Blossoms New Life Foundation, Attn: Selection Committee, 6087 Larch Dr. Fairview, PA 16415

Please note: All items must be received in order for us to consider your grant request.

If you have any questions about this application, please send an email to newblossoms@velocity.net. We here at New Blossoms have also experienced the agony of infertility. We are hoping to help as many couples as possible. Your application will be reviewed and if you are not selected immediately, that does not mean that you might not be selected in the future.

Thank you for your interest in our Foundation,
The New Blossoms New Life Foundation Board of Directors

