



FALL 2026 PARENTAL HOPE FAMILY GRANT – EMBRYO ADOPTION OVERVIEW

Parental Hope offers an embryo adoption grant through its Parental Hope Family Grant program (referred to as the "Grant"). The Grant provides a one-time payment of up to \$5,000 to a couple who have qualified for embryo adoption with the National Embryo Donation Center located in Knoxville, Tennessee (the "NEDC"). This includes the preparation and acceptance of the NEDC's embryo adoption application, successful completion of the home study requirements set forth by the NEDC, and medical clearance by the NEDC.

Parental Hope reserves the right to change what is covered under the Grant at any time. Factors that the Board of Directors will consider when awarding a Grant shall include, but shall not be limited to, the Applicant's and Co-Applicant's financial situation, their Infertility Medical Diagnosis, video essay, and other relevant factors.

Eligibility Requirements

- Applicant (or Co-Applicant) must have one of the following:
 - A medical diagnosis of infertility by a Reproductive Endocrinologist according to the American Society for Reproductive Medicine's definition of Infertility; or
 - Be a carrier of a genetic disease or chromosomal disorder that requires the use of Assisted Reproductive Technology ("ART") services for healthy offspring; or
 - A Reproductive Endocrinologist has recommended ART services due to recurrent pregnancy loss.
- Applicant (and Co-Applicant) must be citizens or permanent residents of the United States.
- Applicant (and Co-Applicant) may **NOT** currently have health insurance that covers infertility treatments, including, but not limited to IVF and FET.
- Applicant and Co-Applicant must have a combined gross income of at least \$60,000 but no more than \$200,000. This will be confirmed via 2025 income tax returns and current pay stubs
- Applicant and Co-Applicant may not have a biological child together.
- Prior recipients of financial assistance from Parental Hope through its Parental Hope Family Grant program are ineligible.
- Applicant (and Co-Applicant) must agree to receive all treatment covered by the Grant at the National Embryo Donation Center located in Knoxville, Tennessee ("NEDC").
- Applicant must receive all treatment covered under the Grant within 6 months of the date the Grant was awarded. ***Grant cannot be used for past treatment or other services related to Applicant's (and Co-Applicant's) infertility. Past treatment or other services includes any treatment started or undergone prior to the date PH notifies Applicant that they have received a Grant.***
- All Grant funds shall be paid directly to the NEDC. No Grant funds shall be paid directly to the Grant recipient. Should a refund be available from NEDC due to services costing less than anticipated, services not being rendered, health insurance coverage, or for any other reason, Applicant understands that Parental Hope shall be reimbursed for funds it has paid to the NEDC pursuant to the Grant.
- Grant award shall be contingent on a satisfactory criminal background check of Applicant and Co-Applicant. Criminal background check will only be performed on Applicants who are initially selected for the Grant. The cost to perform such background check shall be the responsibility of the Grant recipient (approximately \$50).
- Applicant must agree to keep Parental Hope updated with the progress of all treatment, including, but not limited to whether such treatment resulted in a pregnancy and live birth.
- Current or former members of the Board of Directors and Officers of Parental Hope and immediate family members (Spouse, Child, Parent, Brother, Sister, Grandparent, Step-Parent, Step-Child, Step-Brother, Step-Sister and Niece or Nephew) of the current and former Board of Directors or Officers are not eligible.

Process

- Application and other required documentation must be completed and submitted via the Online Application Portal by 11:30 p.m. on **September, 2026** ("Application Deadline"). Applications or documentation mailed to Parental Hope WILL NOT be considered. Applications or documentation submitted via the Online Application Portal after the Application Deadline WILL NOT be considered. Once Parental Hope has received your Application, a representative from Parental Hope will e-mail Applicant to confirm receipt of the Application
- After all Applications are received, the Board of Directors of Parental Hope will meet to review the Applications and determine which Applicant(s) will receive a Grant. The number of Grants awarded will vary from year to year. *Not all Applicants will receive a Grant and Grants may vary in amounts.*
- The chosen Applicant(s) shall be notified by the Board of Directors' decision by December 1, 2026. Applicants who are not chosen shall be notified of the Board of Directors decision after all chosen Applicants have passed the criminal background check and accepted the Grants.
- **Please do not contact Parental Hope during the review process.** A Member of the Board of Directors will notify you to confirm receipt of your Application and will contact you if more information is required.
- ***Parental Hope and the NEDC are two separate entities. While the NEDC provides all medical services, Parental Hope makes all decisions regarding the PHFG process, eligibility, and awarding of the grants. All questions regarding the PHFG or Parental Hope should be directed to a representative of Parental Hope.***

Application Requirements

- ☐ Completed Grant Application Submitted via the Online Application Portal. All required documentation shall be submitted via the Online Application Portal.
- ☐ Video essay. Videos **may not** exceed five (5) minutes in length. Videos do not need to be professional quality, but must provide the following information:
 - Please tell us about yourself. Please include information on how you met, your hobbies, your family, and anything else that provides us with insight as who you are as individuals or as a couple.
 - Briefly tell us about your infertility journey.
 - What does it mean to Applicant *and* Co-Applicant to be a parent?
 - Please explain your financial situation, including your need for financial assistance (i.e. is there anything in your financial history that you would like to explain in more detail).
- ☐ Proof of Income:
 - A full copy of your 2025 Federal Tax Return (IRS Form 1040) for both Applicant and Co-Applicant. If the 2025 tax return has not been filed, please submit a copy of the 2024 Federal Tax Return.
 - A copy of the two most recent pay stubs from Applicant and Co-Applicant.
- ☐ A photocopy of both sides of the Applicant's and Co-Applicant's health insurance cards.
- ☐ Proof of lack of insurance coverage for infertility treatments. This should be in the form of a letter from health insurance company or copy of health insurance policy stating that infertility medical procedures are not covered.
- ☐ \$50 non-refundable application fee. Application fee is **NON-REFUNDABLE**.
- ☐ Fully executed Media Consent and Release Form.
- ☐ Fully executed Medical Information Release Form (HIPAA Authorization).
- ☐ Fully executed Financial Account Release Form.
- ☐ Fully executed Participant Agreement and Release from Liability Form.