FOUNDATION 1:17

GRANT APPLICATION

TAX ID 93-2892871

Revised August 2026

www.foundation117.org

GRANT APPLICATION INSTRUCTIONS AND GUIDELINES

Thank you for applying for a financial assistance grant through Foundation 1:17.

Foundation 1:17 was founded in 2023 after Caleb and Briana McConnell experienced their own struggles with infertility and ultimately went through IVF to have their son Wynn. They went through another round of IVF in 2025 and have since welcomed their second son, Riggs. Upon realizing the cost of treatment and medications, Caleb & Briana were devastated that finances could prevent a deserving and loving couple from starting a family that they longed for. They felt called to pay it forward and do something meaningful to help other couples achieve that dream of parenthood.

Foundation 1:17 is dedicated to supporting couples who require fertility treatments. Foundation 1:17 provides monetary grants for couples in need to remove financial barriers associated with infertility.

Foundation 1:17 grants are need-based financial assistance for couples struggling with infertility and the high cost of treatments. Applicants must be current patients at a fertility clinic with a diagnosis of infertility. Grants will be dispensed directly to your fertility clinic and not to the couple applying for the funds.

The only restrictions for applying are:

You MUST have a diagnosis of infertility from a fertility clinic.

You MUST be a legal permanent US resident in North Alabama.

You MUST be a legally married couple.

Grants are distributed throughout the year. The number of grants awarded as well as the amount of funding may change depending on the fertility needs of the applicant and the funds raised by Foundation 1:17 during the year. Grant application deadlines/distributions are as follows:

Round 1: Application deadline January 10. Grant reveal starting on January 24.

Round 2: Application deadline July 25. Grant reveal starting on August 1.

If you submit an application and do not receive a grant, you may submit a new application for the next round. Applications are not saved and must be resubmitted for each round.

If a fund recipient does not use the full amount of funds provided, the ancillary funds will be returned to Foundation 1:17 for future disbursements to additional couples in need. Funds received must be used within 12 months of the date of distribution unless approved Foundation 1:17. Any funds not used will be returned to Foundation 1:17 for future disbursements to additional couples in need.

Grant recipients are asked to stay connected and participate in fundraising activities for Foundation 1:17 to allow us to grow and continue to provide support to other couples longing to start their own family.

All complete applications are reviewed and considered regardless of race, religion, ethnicity or national origin, age, or sexual orientation. The application must be filled out completely and truthfully to be considered. Applications missing information or attachments will not be reviewed and considered withdrawn.

All information provided in this application is considered confidential and will not be shared with any agency or person outside of your fertility clinic and Foundation 1:17 Board of Trustees.

Applications may be downloaded and filled out, then submitted via email to info.foundation117@gmail.com. Applications must be filled out in their entirety to be considered.

If you have questions about the application process, please contact us at info.foundation117@gmail.com

APPLICATION COVER SHEET

Please type or clearly print.

Applicant #1 Full Name:

_____

Date of Birth: _____ Age: _____

Applicant #2 Full Name:

_____

Date of Birth: _____ Age: _____

Are you a current patient at a fertility clinic? ____

If so, which one? _____

What is the total projected cost of treatment provided by your doctor?

_____

Have you previously applied for a Foundation 1:17 grant? _____

If yes, when? _____

APPLICANT #1 BACKGROUND

Please type or clearly print.

Legal Name: _____

Date of Birth: _____ Age: _____

Email Address: _____

Cell Phone: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Current Employer: _____

Current Job Title: _____

Length of Employment: _____

Are you married? _____ If yes, how long? _____

Do you currently have any children? _____ If yes, how many? _____

Are you an active or retired member of the military? _____

Do you use tobacco products? _____

Have you ever been arrested? _____ (If "yes", please attach explanation. Failure to do so will result in disqualification for grant consideration.)

Have you ever been convicted of a felony or misdemeanor? ____ (If "yes", please attach explanation. Failure to do so will result in disqualification for grant consideration.)

Do you have insurance/employer sponsored support that will assist with the cost of fertility treatment? _____ (If yes, please attach further detail.)

Are you related to anyone affiliated with Foundation 1:17? _____

If Yes, please let us know who: _____

How did you hear about us? (please check all that apply)

☐ Friend/Family

☐ Clinic Referral from Clinic Name: _____

☐ Social Media

☐ Other: _____

APPLICANT #2 BACKGROUND

Please type or clearly print.

Legal Name: _____

Date of Birth: _____ Age: _____

Email Address: _____

Cell Phone: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Current Employer: _____

Current Job Title: _____

Length of Employment: _____

Are you married? _____ If yes, how long? _____

Do you currently have any children? _____ If yes, how many? _____

Are you an active or retired member of the military? _____

Do you use tobacco products? _____

Have you ever been arrested? _____ (If "yes", please attach explanation. Failure to do so will result in disqualification for grant consideration.)

Have you ever been convicted of a felony or misdemeanor? YES NO (If "yes", please attach explanation. Failure to do so will result in disqualification for grant consideration.)

Do you have insurance/employer sponsored support that will assist with the cost of fertility treatment? _____ (If yes, please attach further detail.)

Are you related to anyone affiliated with Foundation 1:17? _____ If Yes, please let us know who: _____

How did you hear about us? (please check all that apply)

☐ Friend/Family

☐ Clinic Referral from Clinic Name: _____

☐ Social Media

☐ Other: _____

FERTILITY HISTORY & BACKGROUND

Please type or clearly print.

Who is your fertility doctor? _____

How long have you been a patient at their clinic? _____

What is the date of your last appointment? _____

What is your anticipated/target date to start treatment? _____

What is your infertility diagnosis? _____

What procedure(s) is needed?

_____

How long have you been attempting to conceive? _____

Have you ever been pregnant? _____

If yes, when? _____

Has Applicant #1 or Applicant #2 done any previous infertility treatments/procedures? _____

If yes, please list any procedures such as medications to stimulate, IUI, IVF, etc. including dates/results:

_____

_____

_____

_____

Are you using an egg donor? _____

Are you using an embryo donor? _____

Are you using a sperm donor? _____

Are you using a gestational carrier? _____

Please include any other relevant information regarding your history of infertility:

_____

_____

_____

PERSONAL STATEMENT (OPTIONAL)

Please feel free to submit a statement indicating why you are applying for this grant and how it could help your family. Please include anything that you feel should be considered by the Foundation 1:17 Review Board during the review process.

Statement should be no more than 2 pages. Typed and printed/attached statements are preferred. All statements must include the applicant's name, signature, and date.

Photos may be attached, but please note that we cannot return any items submitted with the application.

We attest that we are writing this statement ourselves and were truthful in our explanation.

Signature/Date_____

PERSONAL STATEMENT (Continued if applicable)

CONSENT

By submitting this application and signing below, the applicant(s) understand and consent to the following (initial each statement and sign below):

1. Submitting this application does not in any way guarantee that we will receive the grant from Foundation 1:17.

Applicant #1 _____ Applicant #2 _____

2. We understand that we will not receive any money directly. The funds will be provided directly to the treatment providers as a credit to our current account.

Applicant #1 _____ Applicant #2 _____

3. I acknowledge that the application reviewers will be receiving personal information, and I am assured that this information will not be shared with anyone outside of the Foundation 1:17 Board.

Applicant #1 _____ Applicant #2_____

4. If we are awarded the Foundation 1:17 donation that the money must be used within 12 months of receipt of the donation to our account at our treatment provider.

Applicant #1 _____ Applicant #2_____

5. Should a refund be available due to services costing less than anticipated, services not being rendered, I understand that the refund will be returned to Foundation 1:17 and that we, the applicants, shall not be entitled to any direct compensation or refund outside of our treatment needs.

Applicant #1 _____ Applicant #2_____

6. If it is found that any information contained in this application was falsified, if the instructions were not followed, or if your family, fertility, or legal status changed following the submission of this application and Foundation 1:17 was not notified of such a change, the donation money, if offered, may be rescinded, or forfeited depending on the specific circumstance at the discretion of the review committee.

Applicant #1 _____ Applicant #2_____

7. Foundation 1:17 has the right to confirm that applicants are in good standing with their current treatment provider.

Applicant #1 _____ Applicant #2_____

8. The information contained in this application is truthful.

Applicant #1 _____ Applicant #2_____

9. Should we be awarded a grant from Foundation 1:17, we grant permission for the following individuals to be contacted to plan a special surprise grant reveal: *

Contact #1 Full Name: _____

Relationship to the Applicant: _____

Phone: _____

Email: _____

Contact #2 Full Name: _____

Relationship to the Applicant: _____

Phone: _____

Email: _____

*If a special surprise reveal is not wanted, leave blank.

_____

Applicant #1 Signature/Date

_____

Applicant #1 Printed Name

_____

Applicant #2 Signature/Date

_____

Applicant #2 Printed Name