

2026 Grant Application Form

Everyone Deserves A Family, Inc. Est: 2023

Grant Application Eligibility:

1. Must be a couple that is/has been an established patient at a reproductive clinic or has medical diagnosis causing infertility. **(Please provide a quote/treatment plan from agency/doctor)**
2. Must have a combined household income of \$140,000 or less. **(Please provide one of the last two years of tax return for proof of income)**
3. Must be a Florida resident. **(Florida driver license must be provided)**

Instructions for application submission: 1) Please fill out the application form in its entirety, any incomplete applications will not be considered. If a question does not apply, please write N/A.
2) Please email the completed application, along with the required documentation to Lindsey@Everyonedeservesafamilygrants.com . Please feel free to include a photo of your family!

*Everyone Deserves a Family welcomes diversity and encourages all eligible applicants to apply regardless of race, religion, or gender.

Your Name and Date of Birth:	
Spouse or Partners Name and Date of Birth:	
Address:	



EVERYONE
DESERVES A FAMILY

Primary Name & Phone Number:	
Primary Name & Email Address:	
Spouse Name & Phone Number:	
Spouse Name & Email Address:	
Combined Household Income:	
List Reproductive Clinic, Location, and Phone Number (if applicable):	
List all medical treatments you have undergone, undergoing, and need to undergo:	
List Adoption Agency Location, and Phone Number (if applicable):	

List all steps taken so far with this agency:	
List Surrogacy Agency Location, and Phone Number (if applicable):	
List all steps taken so far with this agency:	
Estimated cost to complete your journey: (Please include a quote from your provider or agency)	
Tell us in your own words your infertility journey and next steps to try and get your baby in your arms!	



Grant Recipients:

Grant Recipients will be notified by December 15, 2026. Funds will be available immediately.

If you are the recipient of a Grant, the summation of the Grant must be paid directly to the reproductive clinic or agency applicable. In the event it is not possible for the Grant summation to be paid directly to the service provider, grant recipients must provide receipts showing evidence that the grant was used for its intended purpose within three (3) months or 90 days of receipt of funds.

Contact Information:

Lindsey Tomaszewski

Founder

Office: 321-624-3070

Email: Lindsey@Everyonedeservesafamilygrants.com

Website: www.Everyonedeservesafamilygrants.com

Signatures:

Applicant Name: _____

Signature: _____

Date: _____

Spouse/Partner Name: _____

Signature: _____

Date: _____