

**University of Southern California - Los Angeles**

**Texas State University**

**Degrees: Doctor of Social Work, Master of Social Work, and Bachelor of Social Work with a minor in psychology**



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| DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01/30/1992                                                                                           |
| HEIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5'10"                                                                                                |
| WEIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 135 lbs                                                                                              |
| HAIR COLOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dark Brown                                                                                           |
| EYE COLOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Brown                                                                                                |
| ETHNIC ORIGIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Half Korean, Half Caucasian                                                                          |
| MATERNAL HERITAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Korean                                                                                               |
| PATERNAL HERITAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Caucasian (German and French)                                                                        |
| BLOOD TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | O Positive                                                                                           |
| HIGHEST LEVEL OF EDUCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Doctorate degree, Master's degree, and Bachelor's degree                                             |
| NAME OF YOUR DEGREE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Doctor of Social Work, Master of Social Work, and Bachelor of Social Work with a minor in psychology |
| UNIVERSITY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | University of Southern California - Los Angeles and Texas State University                           |
| DO YOU HAVE ANY ARTISTIC ABILITIES?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes                                                                                                  |
| LIST OF ABILITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |
| My artistic abilities are arts and crafts, painting, decorating, scrapbooking, makeup and hair, cooking healthy meals, and drawing. I also played the piano when I was younger. Overall, I enjoy utilizing the right hemisphere of my brain and being creative!                                                                                                                                                                                                                                                                           |                                                                                                      |
| DO YOU HAVE ATHLETIC ABILITIES?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes                                                                                                  |
| LIST ATHLETIC ABILITIES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |
| Fitness is extremely valuable! The endorphins experienced after a workout make it worth it. I am a pilates enthusiast and go to a studio for it to practice regularly. I incorporate yoga, running, boxing, hiking, swimming, indoor cycling, and lifting weights into my schedule. I strive to excel more in these exercises. Currently, I am training for a half marathon. Therefore, I spend my free time at a nearby popular running trail. I was a cheerleader, basketball player, and track star when I was younger.                |                                                                                                      |
| WHAT IS YOUR CURRENT OCCUPATION?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Emergency Room Therapist                                                                             |
| PLEASE DESCRIBE YOUR PERSONALITY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |
| My friends describe me as fun, outgoing, happy, loyal, optimistic, adaptable, ambitious, and loving. Other adjectives people describe me are sweet, creative, caring, kind, hardworking, energetic, self-sufficient, and independent. I am an ambivert, so I tend to be introverted by recharging during alone time. However, I am outgoing when socializing.                                                                                                                                                                             |                                                                                                      |
| DO YOU WEAR OR HAVE YOU WORN EYE GLASSES?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                                                                                                  |
| AT WHAT AGE DID YOU START WEARING THEM?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |
| HAVE YOU WORN BRACES?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No                                                                                                   |
| WHY DO YOU WANT TO BECOME AN EGG DONOR?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |
| My first job post-graduating with my master's degree was as an adoption and maternity specialist for a non-profit agency that advocates for children, adolescents, families, and couples. I conducted group and individual grief counselling and psychotherapy for couples enduring infertility and saw their loss first hand. I used case management, crisis management, Solution-Focused Brief Therapy, Cognitive Behavioural Health Therapy, and Trust-Based Relational Therapy. This experience has motivated to become an egg donor. |                                                                                                      |
| BEING AN EGG DONOR IS A BIG RESPONSIBILITY. IT REQUIRES GOING TO SEVERAL DOCTOR'S APPOINTMENTS, TAKING INJECTIONS, AND HAVING MINOR OUT-PATIENT SURGERY. DO YOU FEEL PREPARED TO COMMIT TO THIS PROCESS?                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |

| ARE YOU OPEN TO BE MATCHED WITH ALL TYPES OF FAMILIES REGARDLESS OF SEXUAL PREFERENCE, MARITAL STATUS, ETHNICITY OR SEX OF THE EGG RECIPIENT? |     | Yes              |        |           |            |                     |          |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------|--------|-----------|------------|---------------------|----------|--------------------------------------------------|
| PLEASE EXPLAIN WHY?                                                                                                                           |     |                  |        |           |            |                     |          |                                                  |
| IF REQUESTED, ARE YOU WILLING TO MEET YOUR INTENDED PARENTS?                                                                                  |     | No               |        |           |            |                     |          |                                                  |
| ARE YOU OPEN TO MEETING THE CHILD IN THE FUTURE IF THAT IS REQUESTED?                                                                         |     | No               |        |           |            |                     |          |                                                  |
| ARE YOU OPEN TO EXCHANGING FUTURE CONTACT INFORMATION WITH YOUR INTENDED PARENT(S)?                                                           |     | No               |        |           |            |                     |          |                                                  |
| WHERE DID YOU GROW UP?                                                                                                                        |     | Honolulu, Hawaii |        |           |            |                     |          |                                                  |
| DO YOU HAVE ANY SIBLINGS?                                                                                                                     |     | Yes              |        |           |            |                     |          |                                                  |
| TELL US ABOUT THEM:                                                                                                                           |     |                  |        |           |            |                     |          |                                                  |
| DO YOU HAVE ANY CHILDREN?                                                                                                                     |     | No               |        |           |            |                     |          |                                                  |
| TELL US ABOUT THEM:                                                                                                                           |     |                  |        |           |            |                     |          |                                                  |
| ANY PAST OR CURRENT MEDICAL PROBLEMS (INCLUDING SURGERIES, ACCIDENTS, BIRTH DEFECTS, DEPRESSION, ETC)?                                        |     | No               |        |           |            |                     |          |                                                  |
| DO YOU DRINK ALCOHOL?                                                                                                                         |     | No               |        |           |            |                     |          |                                                  |
| HAVE YOU EVER BEEN PREGNANT?                                                                                                                  |     | No               |        |           |            |                     |          |                                                  |
| IF APPLICABLE, HOW MANY TIMES AND WHAT WAS THE OUTCOME?                                                                                       |     |                  |        |           |            |                     |          |                                                  |
| HAVE YOU EVER BEEN A DONOR BEFORE?                                                                                                            |     | Yes              |        |           |            |                     |          |                                                  |
| IF YES, DID A PREGANCY OCCUR?                                                                                                                 |     | No               |        |           |            |                     |          |                                                  |
| ARE YOU CURRENTLY TAKING ANY MEDICATION (FOR PHYSICAL OR MENTAL HEALTH)?                                                                      |     | No               |        |           |            |                     |          |                                                  |
| ARE YOU TAKING ANY RECREATIONAL DRUGS?                                                                                                        |     | No               |        |           |            |                     |          |                                                  |
| DO YOU SMOKE?                                                                                                                                 |     | No               |        |           |            |                     |          |                                                  |
| ARE YOUR MENSTRUAL CYCLES REGULAR?                                                                                                            |     |                  |        |           |            |                     |          |                                                  |
| <b>List family medical history</b>                                                                                                            |     |                  |        |           |            |                     |          |                                                  |
| Biological Family Member                                                                                                                      | Sex | Age              | Height | Eye Color | Hair Color | Educational Level   | Deceased | Occupation                                       |
| Father                                                                                                                                        | M   | 55               | 6'3"   | Green     | Brown      | Bachelor's degree   | No       | ARMY retiree and current ARMY veteran specialist |
| Mother                                                                                                                                        | F   | 51               | 5'4"   | Brown     | Brown      | High School Diploma | No       | ARMY specialist                                  |
| Paternal Grandfather                                                                                                                          | M   | 74               | 6'2"   | Green     | Brown      | High School         | Yes      | ARMY retiree                                     |
| Paternal Grandmother                                                                                                                          | F   | 96               | 5'4"   | Green     | Brown      | High School         | Yes      | Business Co-Owner                                |
| Maternal Grandfather                                                                                                                          | M   | 82               | 5'7"   | Brown     | Brown      | High School         | Yes      | Business Owner                                   |
| Maternal Grandmother                                                                                                                          | F   | 96               | 5'4"   | Brown     | Brown      | High School         | No       | Retired                                          |
| Sister                                                                                                                                        | F   | 16               | 5'7"   | Brown     | Brown      | High School Student | No       | Student                                          |

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| Cancer                                                                                                    | No |
| Please explain to whom, have they passed away (please include age), what was the age of onset/medication: |    |

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| Mental Retardation                                                                                        | No |
| Autism/Asperger's                                                                                         | No |
| Paralysis or crippling disorders                                                                          | No |
| Alcohol or Drug Addiction                                                                                 | No |
| Cystic Fibrosis                                                                                           | No |
| Sickle Cell Anemia                                                                                        | No |
| Lupus                                                                                                     | No |
| Miscarriages, still births, neonatal deaths                                                               | No |
| High blood pressure, heart attacks or strokes                                                             | No |
| Memory loss or dementia                                                                                   | No |
| Osteoporosis                                                                                              | No |
| Arthritis                                                                                                 | No |
| Allergies                                                                                                 | No |
| Blood diseases                                                                                            | No |
| Diabetes (Specifically Type 1 or Type 2)                                                                  | No |
| Thyroid issues                                                                                            | No |
| Learning disabilities                                                                                     | No |
| Seizure or epilepsy                                                                                       | No |
| Depression                                                                                                | No |
| Panic attacks                                                                                             | No |
| Schizophrenia                                                                                             | No |
| Bipolar Disorder                                                                                          | No |
| ADD or ADHD                                                                                               | No |
| Age-related issues                                                                                        | No |
| Kidney problems/ diseases                                                                                 | No |
| Reproductive problems: i.e., endometriosis, hysterectomies, late- term miscarriages, etc.                 | No |
| Vision/Sight/Eye Problems                                                                                 | No |
| Please explain to whom, have they passed away (please include age), what was the age of onset/medication: |    |

