MRS Childcare Grant Application
2024 MRS Spring Meeting
Submit Completed Application
by April 5, 2024 to cc@mrs.org



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| Full Name: *First Name* *Last Name*  |
| Email Address:  |
| Company/Institution: Title: |
| Address: (Please provide full address for mailing a bank check (pending grant approval and receiving expense receipts) |
| Address:  |
| City, State, Zip/Postal Code: |
| Country: |

**I. Career Status: *(Please select one)***□ Undergraduate Student □ Graduate Student □ PhD Student □ Postdoctoral Fellow
□ Early-career, independent scientist (state degree and year obtained):
□ Junior faculty member (state degree and year obtained):
□ Senior faculty member or later-career scientist (state degree and year obtained):
□ Other, please specify:

**II. Funds may be applied to one or more of the following needs. Please check *all* that apply:**
□ A. Home-based childcare expenses incurred because of Spring Meeting attendance.
 *(funds may not be applied to a normal ongoing expense.)*
□ B. Travel of a relative or other care provider to my home to care for my child(ren) while I attend the
 MRS Meeting.
 Please indicate where the provider is traveling to/from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
□ C. Travel of my child(ren) to the location of a care provider who does not live in my community.
 Please indicate where the child(ren) will be cared for (city/state/country if not U.S.):
□ D. Travel of a care provider to the MRS Meeting with me to care for my child(ren) in city of MRS Meeting.
 Please indicate where the provider will be traveling from:
□ E. Child care to be retained in city of meeting during meeting week
□ F. Other (please explain):

**III. I am presenting at the 2024 MRS Spring Meeting:** Yes or No

**IV: I have \_\_\_ child(ren) and they are age(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Meeting Preregistration at time of childcare application submission is REQUIRED:

I (insert name/please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I am pre-registered for the**

**2024 MRS Spring Meeting as of the date that I submitted this application.

Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_