MRS Childcare Grant Application  
2024 MRS Spring Meeting   
Submit Completed Application   
by April 5, 2024 to [cc@mrs.org](mailto: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:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_