

MRS Childcare Grant Application
Submit by November 8, 2024 to cc@mrs.org

|  |
| --- |
| First Name: Last Name:  |
| Email Address:  |
| Company/Institution: Job 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 due to 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. Childcare to be retained in city of meeting during meeting week.
□ F. Other (please explain):

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

|  |  |
| --- | --- |
| **IV: I have \_\_\_ child(ren) and they are age(s):** |  |

**---------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Meeting Preregistration at time of childcare application submission is REQUIRED:**

|  |  |
| --- | --- |
| NAME: DATE: |   |

I confirm that I am pre-registered for the 2024 MRS Fall Meeting as of the date that I submitted this application.  **Please note:** There will be no MRS sponsored childcare services on-site at the 2024 MRS Fall Meeting. MRS does not sanction or recommend childcare providers, and does not assume responsibility or liability for child care services of any sort. It is the responsibility of the parents to thoroughly investigate all childcare providers.