

CHILD CARE GRANT APPLICATION

Application Deadline: August 18, 2017

Return Application to: ChildCareSupport@MMMConference.com

First Name:		Last Name:	
Company/Institution:			
Department:			
Street Address:			
City, State, Postal Code:		Country:	
Email:		Phone #:	

I. Career Status: (Please select one)

- Undergraduate Student
 Graduate Student
 PhD Student
 Postdoctoral Fellow
 Early-career, independent scientist Degree: _____ Year Obtained: _____
 Junior faculty member Degree: _____ Year Obtained: _____
 Senior faculty member or later-career scientist Degree: _____ 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 2017 MMM Conference 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 Conference.
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, that does not live with our family, to the Conference with me to care for my child(ren) in Pittsburgh, PA.
Please indicate where the provider will be traveling from: _____
 E. Travel of a care provider, that lives with our family, to the Conference with me to care for my child(ren) in Pittsburgh, PA.
Please explain necessity in more detail: _____
 F. Child care to be retained in Pittsburgh during conference week.
 G. Other (please explain): _____

III: I have _____ child(ren) and they are age(s): _____

IV. I (insert name) _____ confirm that I have an accepted presentation at the 2017 MMM Conference.

** You must have an accepted presentation to submit an application.*