**Family Support Award Application Form**

**All boxes below must be completed in full for your application to be considered**. Please note availability for the funding is limited.

|  |  |
| --- | --- |
| Abstract acceptance #: |  |
| Abstract title: |  |
| First name: |  |
| Last name: |  |
| Institution/department: |  |
| Address: |  |
| City: |  |
| State: |  |
| ZIP code: |  |
| Country: |  |
| Email address: |  |

1- Funds may be applied to the following needs:

(a) Home-based childcare expenses incurred because of the NuMat (not applied to normal ongoing expense). Please indicate the city and state.

(b) Travel of a relative or other care provider to my home to care for my child(ren) while I attend NuMat 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 in the US).

(d) Travel of a care provider to NuMat with me to care for my child(ren) in that city. Please indicate where the provider will be traveling from.

(e) Child care to be retained on-site at NuMat.

(f) Other (please explain).

|  |  |
| --- | --- |
| **Funding Required (a,b,c,d,e or f)** | **Requested Additional Information (see above for details)** |
|  |  |

2- My anticipated dates of attendance are:-

|  |  |
| --- | --- |
| **Arrival Date (mm/dd/yy)** | **Departure Date (mm/dd/yy)** |
|  |  |

3- I am a (please tick)

|  |  |
| --- | --- |
| PhD Student |  |
| Postdoctoral Fellow |  |
| Junior Faculty member (within 5 years/start) |  |
| Early career-research scientist (within 5 years/start) |  |

4- My child(ren) will be the following age(s)

|  |  |
| --- | --- |
| **Name of Child** | **Age on 21st September 2026.** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

5- Please indicate the circumstances that prompt you to request this award. Please explain circumstances if the other parent cannot assume child care responsibilities.

|  |
| --- |
| **Circumstances of child care award request (350 character limit)** |
|  |

6- The anticipated expenses as indicated above are (please itemize):

|  |  |  |
| --- | --- | --- |
| **Type of Expense** | **Details** | **Amount** |
| Travel | (for whom and to/from) |  |
| Child Care Expenses | (name of caregiver, dates, etc.) |  |
| Other |  |  |
| **TOTAL** |  |  |

Please submit your form to r.garland@elsevier.com. An acknowledgement email will be sent back to you and the committee will contact you directly with their decision as soon as possible. Funding is limited and the decision of the committee is final.