Dependent Care Professional Travel Grant Program Application

Current Date

Faculty Information:

Last Name: First Name: Middle Initial:

Daytime Phone #: Email:

Division or School : Department:

Travel associated with request:

Description of Travel:

Date(s) of activities: Location:

Role of Activity:
(Presentation, Panel Organizer, Researcher, etc.)

Dependent Information:

Name: Age:

Relationship to Applicant:

Name: Age:

Relationship to Applicant:

Name: Age:

Relationship to Applicant:

Name: Age:

Relationship to Applicant:

Eligibility for Dependent Care Professional Travel Grants is outlined in the Office of the Provost website.

Please describe the nature of the additional costs below.

Travel and Accommodations for Dependents/Coverage of Care:

Please list your anticipated costs related to dependent care below.

Dependent Care:

Date	Description of care - include name of provider and relationship, location of care, and travel if applicable	Estimated Cost
	TOTAL	

For additional information please contact
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