



RNA Therapeutics: From Concept to Clinic



RNA Therapeutics 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. Application must be submitted by April 29, 2022, 5pm EST.

Abstract title:	
First name:	
Last name:	
Institution/department:	
Address:	
City:	
State:	
ZIP code:	
Country:	

- 1- Funds may be applied to the following needs:
 - (a) Home-based childcare expenses incurred because of the symposium (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 the symposium. Please indicate where the provider is traveling to/from.
 - (c) Other (please explain).

Funding Required (a,b,c)	Requested Additional Information (See above for details)

2- My anticipated dates of attendance are:

Beginning Date (mm/dd/yy)	Ending Date (mm/dd/yy)





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I am a (please check)	3-	l am	а	(please	check)
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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) as of June 22, 2022

Name of Child	Age as of June 22, 2022

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

Circumstances of childcare 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 RNATherapeutics@umassmed.edu as soon as possible. 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.