

# Application Form for Child-care Grants for those Attending Academic Conferences

To the Director of Office for the Promotion of Diversity

Application date: \_\_\_\_\_

Applicant's Affiliation: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Academic Conference	
Name of Chairperson of Academic Conference	
Brief overview of the Academic Conference (See *1)	
The role of applicant in Academic Conference	
Applicant's place of contact	Contact place at University: Tel: Email
Meeting period	DD MM YYYY ~ DD MM YYYY
Venue	
Number of participants	
Number of children in need of the nursery	
Do you have financial assistance from the Conference or other institution?	Yes / No If yes, explain briefly
Nursery Location	• Yotsuya Campus Sophia Nursery • other ( ) * Indicate the specific place you are using.

\*1 Please attach a copy of the notification letter in which the schedule of the conference is indicated (it can be a tentative plan).