



# STAR NET Region VI Family/Professional Development Fellowship 2016-2017 Grant Year

## A Family Fellowship is....

A family fellowship provides parents of children with disabilities the opportunity to be reimbursed for expenses up to \$150.00 per family to attend an in-state workshop, seminar or conference that will benefit their family.

**Criteria for award:** You must be a parent of a child with special needs under the age of 6 and live in the counties of Grundy, Kankakee, Kendall, LaSalle, Will or Southern Cook.

## A Professional Development Fellowship is....

A professional development fellowship provides professionals, who work with children ages 3-6 with an IEP the opportunity to be reimbursed for expenses up to \$75.00 to attend an in-state workshop, seminar or conference directly related to their field. **A maximum of five professional development fellowships per event will be awarded per district or joint agreement.**

**Criteria for award:** You must be a professional currently working in a public school program and employed in the counties of Grundy, Kankakee, Kendall, LaSalle, Will or Southern Cook.

**For Families Only:** Age and disability of child \_\_\_\_\_

Briefly describe how this will positively impact your family: \_\_\_\_\_

**For Early Childhood Professionals Only (check all that apply):**  Educator  Therapist  Assistant  
 Support Staff  Administrator  Other \_\_\_\_\_

Briefly describe how this will positively impact your work with children: \_\_\_\_\_

Name of School: \_\_\_\_\_ City: \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

## GUIDELINES

### Family Fellowship

- \* You must be a parent/guardian of a child with special needs **under the age of 6** and live in the counties of Grundy, Kankakee, Kendall, LaSalle, Will or Southern Cook.
- \* Applications must be submitted at least one month prior to the event.
- \* A copy of your registration form and other workshop information must accompany your Award Application.
- \* Fellowships are limited to a maximum of \$150.00.
- \* It is your responsibility to send in your own registration
- \* Reimbursement form is to be returned with **original receipts**. **All meal receipts must be itemized and may not include alcoholic beverages.** These must be received **no later than two (2) months after the event.**
- \* Claims for child care must have receipts from the provider.
- \* The destination must exceed 200 miles (round trip) to qualify for lodging expenses.

### Professional Development Fellowship

- \* You must be a professional currently working with children ages 3-6 with an IEP and employed by a public school in the counties of Grundy, Kankakee, Kendall, LaSalle, Will or Southern Cook.
- \* Applicants will be limited to **one** Fellowship per grant year. (July 1, 2016 to June 30, 2017) per grant year.
- \* Applications must be submitted at least one month prior to the event.
- \* A copy of your registration form and other workshop information must accompany your Award Application.
- \* Fellowships are limited to a maximum of \$75.00.
- \* It is your responsibility to send in your own registration
- \* Reimbursement form is to be returned with **original receipts** as soon as possible **after the event.** These must be received **no later than two (2) months after the event.**
- \* The destination must exceed 200 miles (round trip) to qualify for lodging expenses.
- \* **Due to funding constraints STARNET reserves the right to limit the amount/number of fellowships given to a single organization or for a single event.**

## Award Application

***I am submitting this application for pre-approval (at least one month before event).  
I understand that it is subject to a review process and available funding. Applicants will be limited to one Fellowship per year. Reimbursement guidelines will be sent with the award letter.***

**I Wish to Apply (check one):**     Family Fellowship                       Professional Development Fellowship

**These funds will be awarded on a first come, first served basis from 7/1/16 to 6/30/17.**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

E-Mail Address that you check on a regular basis: \_\_\_\_\_

**What event do you plan to attend?** (Attach a **copy** of your registration form and other supporting documentation.)

Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Projected Expenses:** Registration \_\_\_\_\_ Mileage \_\_\_\_\_ (\$0.54 per mile)

Meals \_\_\_\_\_ Child Care \_\_\_\_\_ Lodging \_\_\_\_\_  
(family only) (destination must exceed 200 miles)

**Total Amount Requested:** \_\_\_\_\_ (see guidelines for amounts allowed)  
**(Applicants will be limited to one fellowship per grant year)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

8-14

**Due to funding constraints STARNET reserves the right to limit the amount of fellowships given to a single organization or for a single event.**

Please send your completed application and supporting documentation to:  
Marlene Christ, STAR NET/SWCASE, 6020 W. 151<sup>st</sup> St., Oak Forest, IL 60452

**Office use only**

↑ Approved                      Amount \_\_\_\_\_

↑ Not Approved  
Date \_\_\_\_\_                      Name \_\_\_\_\_

Over please