



STAR NET Region VI 2009-2010 Family/Professional Development Fellowship

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 a 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 South Suburban Cook County.

A Professional Development Fellowship is....

A professional development fellowship provides professionals, who work in an Early Childhood Special Education program, the opportunity to be reimbursed for expenses up to \$75.00 to attend a 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 Early Childhood Special Education program and employed in the counties of Grundy, Kankakee, Kendall, LaSalle, Will or South Suburban Cook County.

For Families Only: Age and disability of child _____

School/Program attended by the 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: _____

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 South Suburban Cook County..
- * 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**. 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 in an Early Childhood Special Education program in a public school and employed in the counties of Grundy, Kankakee, Kendall, LaSalle, Will or South Suburban Cook County.
- * Applicants will be limited to **one** Fellowship per grant year. (July 1, 2009 to June, 30 2010).
- * 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. 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 7/1/09 to 6/30/10.

Name: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____ County: _____

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

Date: _____ Location: _____

Projected Expenses: Registration _____ Mileage _____ (\$.40 per mile)

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

Total Amount Requested: _____ (maximum reimbursement is \$150.00 for families and \$75.00 for professionals)

Signature: _____ Date: _____

7-09 Rev.

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. 151st St., Oak Forest, IL 60452

Office use only

↑ **Approved** Amount _____

↑ **Not Approved**

Date _____ Name _____