

# STAR NET Region VI Family/Professional Development Fellowship 2019-2020 Grant Year

## A Family Fellowship is....

## A Professional Development 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 South Suburban Cook.

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 \$150.00 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 South Suburban Cook.

For Families Only: Age and disability of child					
Briefly describe how this	s will positively impact your family:				
For Early Childhood Professionals Only (check all that apply):   Educator   Therapist   Assistant					
☐ Support Staff ☐ Administrator ☐ Other					
,					
Name of School:		_City:			
Employer	Supervisor	P	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 <u>one</u> Fellowship per grant year. (July 1, 2019 to June 30, 2020) 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 \$150.00.
- \* 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 I understand that it is subject limited to one Fellowship per y	t to a review process a	and available	e funding. Applicants w	
I Wish to Apply (check one):	□ Family Fellowship	□ Profess	sional Development Fellov	vship
These funds will be aware	ded on a first come, firs	st served bas	sis from 7/1/19 to 6/30/20	)_
Name:		Phone:		
Address:				
City:	Zip Code:	(	County:	
E-Mail Address that you check o	n a regular basis:			
What event do you plan to atte documentation.)	end? (Attach a <u>copy</u> of y			ting
Date:	Location:			
Projected Expenses: Registrati	on Milea	ıge	(\$.54 per mile)	
Child Care Lodg	ging			
(family only)	(destination must exc	ceed 200 mile	es)	
Total Amount Requested: (Applicants will be limited to o			es for amounts allowed)	
Signature:			Date:	
Due to funding constraints ST given to a single organization	_	ght to limit th	e amount of fellowships	<del></del>

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