



STAR NET Region II

Family Fellowship/ Professional Development Assistance Application

Name _____ Email _____

Home address _____ City _____ Zip _____

Phone - Home _____ Work _____ County _____

Training /Event you plan to attend _____

(Attach a copy of the registration form or other supporting documentation)

Date _____ Location _____

How does this event apply to the child in your family, or the children you serve? _____

Amount requested—itemize projected expenses (up to \$200 for families /\$ 75 for professionals)

Registration \$ _____

(\$.61 /mile, Round Trip) _____

Lodging _____

Child care _____

Substitute pay _____

TOTAL \$ _____

Other sources for financial assistance:

Have you previously received a fellowship?

No Yes... date _____

How did you learn about STAR NET fellowships?

Type of Fellowship

Family Child's age _____ My child has an IFSP My child has an IEP

Special Need/Disability: _____

Professional I serve children ages 3-5 with IEPs (Individualized Education Programs). Yes No

Position: Educator Paraeducator Related Service Prof. Administrator Other _____

District/Agency _____ County _____

Address _____ City _____ Zip _____

I am submitting this application for pre-approval. I understand that eligibility is limited to families of children Birth -5 years of age, with an IFSP or IEP, and professionals working with children with special education needs ages 3-5, in public school classrooms or settings. I understand that my application is subject to a review process and available funding, and that funding assistance will be in the form of reimbursement for expenditures.

Signature _____

Date _____

Note: Applications must be received and approved before the event. You may apply online, or you may email, fax or mail this completed application form and any supporting documents to:

**Family Fellowship/Professional Development, STAR NET Region II,
2626 S. Clearbrook Drive, Arlington Heights, IL 60005-4626**

Email: starnetregionii@cntrmail.org FAX: 847-278-5434 Website: starnetregionii.org

Approved: Yes No Amount _____ Initials _____ Date _____