

# Family/Professional Fellowship Application

## What is a STARNET Fellowship

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STARNET (Support & Technical Assistance Regionally) is providing funding to promote family education and professional development for individuals in Northwest & Central Regions I & III. Limited funds are available for individual requests of up to \$125 for family members and \$75 for professionals (per award). Individuals may apply for no more than two fellowships in the grant year - 7/1/2007 - 6/30/2008; awards are based on available funds and approved at the discretion of the STARNET staff. The STARNET grant is funded through the Illinois State Board of Education. If there are any questions about the application process, please call 800/227-7537 ext 293.

## Who's eligible?

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Families and providers in STARNET Regions I & III who meet the following eligibility requirements may apply for reimbursement:

- **Family** of a child under the age of six with special needs.
- **Professionals** who work for an early childhood special education program/provide special education services to children ages three to five with IEPs (Individualized Education Programs).

## What kinds of expenses can I get reimbursed for?

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Funds may be requested for family education and professional development opportunities, in accordance with STARNET policy, and include the following expenses...

- workshop/conference registration fees
- mileage costs
- lodging expenses
- child care costs for parents (receipt necessary—child care provider cannot be the spouse of the applicant)
- substitute teacher expenses up to \$65

Meals are not reimbursable. Funds available for **in-state events only**. Minimum application \$25.

## How do I apply?

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To apply for a Family/Professional Fellowship, follow these simple steps...

- 1) Complete the application on the reverse side. Visit [www.wiu.edu/starnet](http://www.wiu.edu/starnet) for additional instructions.
- 2) Return the completed form to STARNET. **PRE-APPROVAL IS REQUIRED** and your request **must be submitted at least two weeks prior to the event**.
- 3) Applicants will be notified of the status of their application in writing. If approved, a contract and the appropriate reimbursement forms will be mailed.
- 4) If approved, **applicants must submit original receipts for lodging & registration**. If child care was requested, the child care portion of the reimbursement form must be completed.
- 5) Materials must be submitted within 30 days of the event. To receive reimbursement please include a brief narrative describing how this opportunity benefited your child or the children you serve.

STARNET Regions I & III, Western Illinois University, Horrabin Hall 32, 1 University Circle, Macomb, IL 61455  
Phone 800/227-7537 or 309/298-1634 FAX 309/298-2305



Regions I & III 2007/2008

**FAMILY/PROFESSIONAL FELLOWSHIP APPLICATION**

PLEASE READ REVERSE SIDE CAREFULLY FOR ELIGIBILITY REQUIREMENTS AND INSTRUCTIONS

Print clearly.  
Complete thoroughly.

Name \_\_\_\_\_ eMail \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Daytime phone \_\_\_\_\_

Inservice/Event \_\_\_\_\_

Dates/Time \_\_\_\_\_ Location \_\_\_\_\_

Sponsor \_\_\_\_\_

Description of Event/Rationale for Attending (How does this opportunity apply to the child in your family or to the young children you serve? Supporting documentation is encouraged.) \_\_\_\_\_

**Amount requested**—please itemize all projected expenses up to \$125 for families and \$75. for professionals  
CONTRACT CANNOT BE ALTERED

Registration \_\_\_\_\_

Mileage (@ \$.405/mile, Rnd Trip) \_\_\_\_\_

Lodging \_\_\_\_\_

Child care \_\_\_\_\_

Substitute (max \$65) \_\_\_\_\_

**Total** (Min. \$25) ..... \_\_\_\_\_

Other sources for financial assistance \_\_\_\_\_

Have you previously received a fellowship?

Yes... date \_\_\_\_\_

No

Family

Child's age \_\_\_\_\_

Child's disability \_\_\_\_\_

Professional

District/agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Principal/supervisor \_\_\_\_\_

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

**I meet all applicant requirements**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Approved:  Yes  No

STARNET Training Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_