



FAMILY FELLOWSHIP/ PROFESSIONAL DEVELOPMENT ASSISTANCE APPLICATION

First Name:	Last Name:
Email:	
Address:	Address 2:
City/Town:	State/Province:
Zip/Postal Code:	County:
Phone <i>(primary)</i> :	Phone <i>(work)</i> :
Training/Event you plan to attend: <i>(Attach a copy of the registration form or other supporting documents)</i>	

Date ____/____/____ Location: _____

How does the 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: \$	Mileage <i>(\$.51/mile, Rnd Trip)</i>	Lodging
Child Care: \$	Substitute Pay	TOTAL \$
Other sources for financial assistance:		

Have you previously received a fellowship?: Yes No Date ____/____/____

How did you learn about STAR NET fellowships?:



Please send your completed application and any supporting documents to:
Family Fellowship/Professional Development
STAR NET Region II
 2626 South Clearbrook Drive, Arlington Heights, IL 60005
 Phone: 224-366-8579 Fax: 847-278-5434
 Email: starnetregionii@cntrmail.org



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Type of fellowship

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

Special Need/Disability:

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

Position: Educator Paraeducator Related Service Professional Administrator

Other _____

District/Agency:	
Address:	Address 2:
City/Town:	State/Province:
Zip/Postal Code:	County:

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 ____/____/____

Applications must be received before the event.

Approved: Yes No Amount _____ Initials _____ Date ____/____/____



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