

Parent Education Fellowship Reimbursement Application 2018-2019

Funding for parent education is being offered to individuals in STAR NET Region IV's area in the southernmost 38 counties of Illinois. Funds are available for individual request of up to \$100 per award.

Who can apply?

- Parent or legal guardian of a child, ages 2 through 6, with an Individual Family Service Plan (IFSP) or an Individualized Education Program (IEP).
- Individuals may apply only once during our fiscal year.

How can the funds be used?

Funds may be requested for conferences/workshops held in Illinois or the St. Louis area and may include the following allowable expenses:

- Conference or workshop registration fees
- Lodging, using Illinois State Board of Education guidelines
- Child care expenses according to our preapproved guidelines

How do I apply? (Please remember that pre-approval is required.)

1. Complete all lines of the application (incomplete applications will be returned).
2. If you are applying for conference/workshop registration fees, please enclose a completed registration conference form for the event with the fellowship application. STAR NET will send a check for your registration fee directly to the conference/workshop address.
3. Return the original completed application form at least 45 days prior to the registration deadline. (Any applications submitted after the 45 days may still be considered by STAR NET staff. Applications received after the event will NOT be approved.) Mail original signed application to STAR NET Region IV.
4. WAIT for approval. An approval letter will be mailed along with appropriate forms (child care reimbursement form and/or evaluation form).
5. If approved, applicants must submit receipts and/or forms for applicable requests:
 - ★ Lodging requires a copy of the original paid itemized lodging receipt with your name and a zero balance listed on the receipt. A copy of your personal credit card statement with the following listed: Your name, the last four digits of your credit card number, the name of the hotel and the amount charged. You may black out all other information on your statement before submitting.
 - ★ Child care reimbursements require the STAR NET Child Care Reimbursement Receipt.
6. Attendance for the entire conference/workshop is required in order to receive fellowship funding. Awardees must provide a copy of the conference/workshop certificate of attendance.
7. Documentation and reimbursement forms (including all receipts) must be returned within 30 days after conference attendance to assure reimbursement.

**St. Clair County Regional Office of Education
STAR NET Region IV
1000 S. Illinois Street
Belleville, IL 62220
Contact: Sheri Kraus
Phone: 618-825-3969
www.starnet.org**

Susan Sarfaty, Regional Superintendent



Parent Education Fellowship Reimbursement Application 2018-2019

Name _____ Email _____

Home Address _____

City _____ State _____ Zip _____ County _____

Phone (Home) _____ (Cell) _____

Conference/Event _____

Date(s)/Time _____

Location _____ Conference/Event Sponsor _____

Reason for attending _____

Child's Name _____ Year of Child's Birth _____

Does this child have an IFSP or an IEP? Yes No

Program/School/Agency providing special education services for your child: _____

Program/School/Agency Phone # _____ Teacher/Therapist's Name _____

If applying for child care reimbursement:

Number of hours I need child care: _____ Total cost of child care: _____

Source(s) of other financial assistance (school/program, agencies, etc.), if any: _____

What expenses will be covered by them? lodging child care registration other _____

Amount requested from STAR NET: (Please itemize all projected expenses up to \$100.00)

Registration Fee _____

(Enclose completed registration form.
STAR NET will submit form along with check.)

Child Care _____

(STAR NET Child Care receipt required. This will be mailed to you if approved.)

Lodging _____

(See ISBE hotel rates on our website's funding opportunity page.)

Total Amount Requested: \$ _____

I understand the reimbursement process, have reviewed the application and certify the accuracy of the application.

Parent's Signature _____ Date _____

FOR OFFICE USE ONLY

APPROVED Yes No AMOUNT: _____ DATE: _____

Signature of STAR NET Region IV Project Leader

**STAR NET is operated through a grant awarded by the Illinois State Board of Education;
100% of annual funding for the project is from federal sources.**