

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. Submit the original signed/completed application form (to address below) at least 45 days prior to the conference/event or registration deadline (if applicable). (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 application to STAR NET Region IV.
3. WAIT for approval. An approval letter will be emailed along with directions and appropriate forms.
4. If approved, applicants must submit receipts and/or forms for the following applicable requests:
 - ★ Registration Fee requires a completed conference/event registration form to be submitted with the fellowship application. STAR NET will send a check to the conference /event address. In the event that the registration fee exceeds the fellowship award amount a check for the balance of the registration fee will be required.
 - ★ 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 completed STAR NET Child Care Receipt for Reimbursement form.
5. After the event, you will receive a follow up email with directions and a link to the STAR NET funding evaluation which must be completed within the specified time frame. STAR NET evaluations that are not completed may impact our consideration for any future fellowship requests.
6. Attendance for the entire conference/event is required in order to receive fellowship funding. Awardees must provide a copy of the certificate of attendance (if applicable).
7. Attendance documentation and reimbursement forms (including all receipts) must be returned within 30 days after conference/event attendance to assure reimbursement.

STAR NET Region IV, 1000 S. Illinois Street, Belleville, IL 62220

Contact: Sheri Kraus 618-825-3969 or skraus@sccroe50.org

St. Clair County Regional Office of Education ~ Susan Sarfaty, Regional Superintendent

www.starnetiv.org



Parent Education Fellowship Reimbursement Application 2020-2021

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 emailed to you if approved.)

Lodging _____

(See ISBE hotel rates on our website's fellowships 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.**