

**Funding for professional development 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 \$250 per award.**

## Who can apply?

- Public School Educators from Early Childhood Special Education or Preschool for All programs who teach or provide services to children, ages 3, 4 or 5, with an Individualized Education Program (IEP).
- Individuals may apply only once during our fiscal year. Because awards are limited, multiple requests from an educational entity will be approved at the discretion of the STAR NET staff.

## 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
- Substitute expenses (up to \$80/day), which are reimbursed to the district or joint agreement

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

1. Complete all lines of the fellowship application and obtain the needed signatures. (Incomplete applications will be returned).
2. Complete the conference/event registration form, if you're requesting registration fees.
3. Submit the original fellowship application and the original conference/event registration form at least 45 days before the date of the conference/event 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.)
4. WAIT for approval. An approval letter will be emailed along with directions and appropriate forms.
5. If approved, applicants must submit receipts and/or forms as applicable. You will be contacted about exactly what we need pertaining to your specific request.

★ 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. Reimbursements for lodging cannot be made to school districts or special education cooperatives.

★ Substitute reimbursements require the completed STAR NET Substitute Teacher Reimbursement Form.

6. 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 your future fellowship requests.
7. 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.
8. 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: Denise Henry 618-825-3970 or [dhenry@sccroe50.org](mailto:dhenry@sccroe50.org)**

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

[www.starnetiv.org](http://www.starnetiv.org)



# Professional Development Fellowship Reimbursement Application 2020-2021

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

School \_\_\_\_\_ School County \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Program:**

- Blended ECSE/Preschool for All
- Child Care
- Community Preschool
- Early Childhood Special Education (ECSE)
- Early Intervention (EI)
- Head Start
- Primary (K-3)
- Preschool for All (PFA)
- State Prevention Initiative (0-3)
- Preschool Expansion
- Other (please list) \_\_\_\_\_

**Position:**

- Administrator
- Developmental Specialists (EI)
- Family Educator
- OT  PT  SLP
- Parent/Family Member
- Psychologist
- Service Coordinator (EI)
- Social Worker
- Teacher
- Paraprofessional
- Other (please list) \_\_\_\_\_

Do you provide services to children ages 3, 4, or 5 with an IEP?  Yes  No

Conference/Event \_\_\_\_\_

Date(s)/Time \_\_\_\_\_ Location \_\_\_\_\_

Conference/Event Sponsor \_\_\_\_\_

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

What expenses will be covered by them?  lodging  substitute  registration  other \_\_\_\_\_

**Amount requested from STAR NET: (Please itemize all projected expenses up to \$250.00)**

Registration Fee \_\_\_\_\_

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

Substitute \_\_\_\_\_ (up to \$80)

(STAR NET Substitute form required. This will be mailed to you if approved.)

Lodging \_\_\_\_\_

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

**Total Amount Requested: \$ \_\_\_\_\_**

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's/Supervisor's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Principal's/Supervisor's Printed Name \_\_\_\_\_

Principal's/Supervisor's Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**FOR OFFICE USE ONLY**

**APPROVED**  Yes  No **AMOUNT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_  
Signature of STAR NET Region IV Project Leader