



# Family Education Fellowship Application 2025-2026

**Funds are available for individual requests of up to \$210 per award.**

## **Who can apply?**

- Parent or legal guardian of a child, ages 2 through 6, receiving early intervention or early childhood special education services.
- You must live in [STAR NET Region IV's service area](#), the Southern 38 Counties of Illinois.
- Individuals may apply only once during our fiscal year.

## **How can the funds be used?**

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

- Registration fees
- Lodging, using [GSA rates](#)
- Mileage at the rate of \$0.70/mile
- Childcare

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

1. [Create an account](#) on our website and register for the [Family Education Fellowship](#).
2. Complete the conference registration form if you're requesting registration fees.
3. Submit the completed and signed fellowship application form and conference registration form to [skraus@sccroe50.org](mailto:skraus@sccroe50.org) at least 30 days prior to the conference/event registration deadline. Any applications submitted after the 30-day requirement may still be considered by STAR NET IV staff.
4. If approved, applicants must submit receipts and/or forms as applicable. You will be contacted about exactly what we need.
  - ★ The Registration fee requires a completed conference registration form to be submitted with the fellowship application. STAR NET IV will send a check for registration to the conference 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 should black out all other information on your statement before submitting.
  - ★ Child Care reimbursements require a completed STAR NET IV 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 of the entire conference is required. Awardees must provide a copy of the certificate of attendance.
7. Attendance documentation and reimbursement forms (including all receipts) must be returned within 30 days after the conference to assure reimbursement.

**STAR NET Region IV, 1000 S. Illinois Street, Belleville, IL 62220 ~ [www.starnetiv.org](http://www.starnetiv.org)**  
**Questions? Contact: Sheri Kraus 618-825-3969 or [skraus@sccroe50.org](mailto:skraus@sccroe50.org)**  
**St. Clair County Regional Office of Education ~ Lori Costello, Regional Superintendent**

(Revised 6/19/2025)



# Family Education Fellowship Application 2025-2026

Name \_\_\_\_\_

I have [created an account](#) and registered for the [Family Education Fellowship](#) on STAR NET Region IV's website. ☐ Yes ☐ No (Please do this before proceeding.)

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

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

Reason for attending  
\_\_\_\_\_

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

What expenses will be covered by them? ☐ lodging ☐ child care ☐ registration ☐ other \_\_\_\_\_

If applicable: Number of hours I need child care \_\_\_\_\_

**Amount requested from STAR NET IV:** (Please itemize all projected expenses **up to \$210.00**)

Registration Fee \_\_\_\_\_  
(Submit completed registration form with application.  
STAR NET will submit form along with check if approved.)

Child Care \_\_\_\_\_  
(STAR NET Child Care Receipt for Reimbursement form required.  
This will be emailed to you if approved.)

Lodging \_\_\_\_\_  
([Follow GSA rules for lodging amount.](#))

Mileage (Total # miles x \$0.70/mile) \_\_\_\_\_  
**Total Amount Requested: \$** \_\_\_\_\_

I will complete the funding evaluation I receive from STAR NET Region IV after the conference.

☐ Yes ☐ No, and I understand this might impact my future funding opportunities.

I will submit proof of attendance for the entire conference, such as the certificate within 30 days of the event to Terri Dietz at [tdietz@sccroe50.org](mailto:tdietz@sccroe50.org).

☐ Yes ☐ No, and I understand this might impact my future funding opportunities.

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

Parent/Guardian 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.

(Revised 6/19/2025)