

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

Who can apply?

- Public School Educators who work in an early childhood program serving children with disabilities, ages 3-5
- You must work in [STAR NET Region IV's service area](#).
- Individuals may apply only once during our fiscal year. Awards are limited. Multiple requests from an educational entity will be approved at the discretion of the STAR NET IV staff.

How can the funds be used?

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

- Conference or workshop registration fees
- Lodging, using [GSA rates](#).
- Mileage at the rate of \$0.725/mile
- Substitute expenses (up to \$110/day), which are reimbursed to the district or joint agreement

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

1. [Create an account](#) on our website and register for [Professional Development Fellowship](#).
2. Complete the conference/event registration form, if you're requesting registration fees.
3. Submit the completed and signed fellowship application and the conference/event registration form, if requesting registration fees, to dhenry@sccroe50.org at least 30 days before the date of the conference/event registration deadline. Any applications submitted after the 30 days may still be considered by STAR NET IV 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 IV will send a check for registration 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 should black out all other information on your statement before submitting it. Reimbursements for lodging cannot be made to school districts or special education cooperatives.

*Substitute reimbursements require a completed STAR NET IV 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 IV evaluations that are not completed may impact your future funding opportunities.**
7. Attendance for the entire conference/event is required. Awardees must provide a copy of the conference/event certificate of attendance.
8. Attendance documentation and reimbursement forms (including all receipts) must be submitted within 30 days after conference/event attendance to assure reimbursement.



Professional Development Fellowship Application 2025-2026

Last Name: _____ First Name: _____

I [created an account](#) and registered for the [Professional Development Fellowship](#) on STAR NET Region IV's website. Yes Oops. I'm doing that now before I proceed.

My Fiscal Agent/Employer: _____

Conference/Event: _____

Date(s) and Time(s): _____

Event Location: _____

Other Sources of Funding, if any (school/agencies, ect): _____

Amount requested from STAR NET IV: (Please itemize all projected expenses up to \$210.00)	
Registration Fee _____ <small>(Submit completed registration form with application. STAR NET will submit form along with check if approved.)</small>	Substitute _____ (up to \$110) <small>(STAR NET Substitute form required. This will be emailed to you if approved.)</small>
Lodging _____ <small>(Follow GSA rules for lodging amount.)</small>	Mileage (Total # miles x \$0.725/mile) _____
Total Amount Requested: \$ _____	

I will complete the funding evaluation 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 Evidence of Completion form within 30 days of the event to Terri Dietz at 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 certified the accuracy of the application.

Applicant's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Administrator's Title: _____

FOR OFFICE USE ONLY	
APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT: _____ DATE: _____
Signature of STAR NET Region IV Project Leader	