

Family Fellowship and Professional Development Assistance Application Form

Check one: Family Fellowship

Professional Development Assistance
(Early Childhood Special Education Professionals only)

Name _____

Phone (____) _____

Address _____

City _____

Zip Code _____

Would you like an email confirmation? No Yes _____
(please provide e-mail address)

For Families: My child has an IFSP. Age _____ My child has an IEP. Age _____

For Early Childhood Special Education Professionals: Educator Therapist
 Support Staff Assistant Administrator Other _____

Agency/School: _____ County: _____

What event do you plan to attend? (Attach a copy of the registration form or other supporting documentation)

Date _____

Location _____
(preference is given to in-state events)

Projected Expenses: Registration _____ Mileage _____ (\$.405 per mile)

Meals _____ Child Care _____ Substitute Pay _____

Lodging _____ Other _____

Total Amount Requested: _____

(\$200.00 annual maximum for families/\$75.00 annual maximum for professionals)

I am submitting this application for pre-approval. Preference is given to families with children under 6 years of age, professionals working with children 3-5 with special needs in classroom or school settings, and in-state events. I understand that my application is subject to a review process and available funding.

Signature _____

Date _____

One month before your event, please send your completed application and any supporting documents to:

Family Fellowship/Professional Development, STAR NET Region II,
2626 S. Clearbrook Drive, Arlington Heights, IL 60005-4626; FAX 847-278-5434

Office Use ONLY

Yes No Date _____