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/$150.00 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 V,
125 S. Clark Street-8th Floor, Chicago, IL 60603; FAX 773-553-5595

Office Use ONLY

❒ **Yes** ❒ **No** **Date** _____

Rev. 4/08