

# Starnet Professional Development Assistance Application Form

(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 Early Childhood Special Education Professionals:**

Educator

Therapist

Support Staff

Assistant

Administrator

School Name:

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:\$

Other (Please explain and list expense): \$

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## SUBSTITUTE FUNDING REQUEST ONLY

Clerk Name:

Email :

Telephone:

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### 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.*

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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,  
2651 W. Washington, 2nd FL., Chicago, IL 60612; FAX 773-553-6558

-or- Scan and email to [Starnet@cps.edu](mailto:Starnet@cps.edu)

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### Office Use ONLY

Yes

No

Date