

**Teacher Conference Stipend Application Form**  
**Heart of Illinois Down Syndrome Association - HOIDSA**  
**Illinois Includes Conference Stipend Fund - May 4-5, 2017**

A limited number of teacher stipends are available from the Heart of Illinois Down Syndrome Association. Stipends are available on a first-come, first-served basis until the balance of the fund is depleted. ***Stipends are strictly limited to schools that serve children of HOIDSA member families.*** Stipends are strictly limited to:

- ***Teachers that have a child with Down syndrome assigned to their general education, special education, or resource classroom for the 2017-18 school year.***
- ***Educational Aides that are assigned to work directly with a child with Down syndrome for the 2017-18 school year.***
- ***Administrators that have a child with Down syndrome in their building and/or on their caseload for the 2017-18 school year.***

**Conference Registration** - Stipends will be awarded to reimburse conference registration for one day (\$150) or both days (\$270), per educational professional. The registration fee includes continental breakfast and lunch.

**Substitute Teacher Reimbursement** - Stipends will be awarded to reimburse schools their district's standard substitute pay rate up to \$100 per person, per day of attendance to the 2017 Illinois Includes Conference. A maximum of \$200 substitute reimbursement will be awarded per educational staff member.

- ***HOIDSA members that attend the 2017 Illinois Includes Conference may apply separately for registration reimbursement through the HOIDSA Family Stipend fund. Administrators may also apply for substitute pay reimbursement for employed HOIDSA members that attend the conference.***

**School Administrators**

As a requirement of receiving a stipend, school administrators need to complete the conference stipend application form and submit a registration receipt for staff members listed on the 2017 Illinois Includes conference stipend application. The school administrator must also complete the substitute pay reimbursement section of the stipend application.

**All Stipend Recipients**

***Each*** stipend recipient is required to complete the attached Post Conference Evaluation form and submit it to HOIDSA no later than May 12, 2017. Failure to comply with this requirement may result in your school being ineligible to receive future stipend funds from HOIDSA.

Please return your completed application to:

HOIDSA – conference stipend  
c/o Bethel Lutheran Church  
325 E. Queenwood Road

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Morton, IL 61550

School District: \_\_\_\_\_ Date \_\_\_\_\_

Name of Administrator Completing Application: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Stipends are strictly limited to teachers and aides that have a child with Down syndrome assigned to their general education, special education, or resource classroom for the 2017-18 school year. Stipends are also available to administrators that have a child with Down syndrome in their school or on their caseload for the 2017-18 school year.** Stipend funds will be awarded strictly at the discretion of the HOIDSA Board. Stipends are available on a first-come, first-served basis until the balance of the fund is depleted. Funds **must be** used for the stated purposes. Unused funds must be returned to HOIDSA. If a stipend recipient is unable to attend the conference then his/her stipend funds must be returned to HOIDSA.

*Name of Staff Member*

*Certified Teacher or Aide & Grade  
Or Administrator*

*Name of Child with Ds in class*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

The substitute reimbursement is also available to reimburse schools for HOIDSA members that are employed as teachers or aides. HOIDSA members that attend the 2017 Illinois Includes Conference may apply separately for registration reimbursement through the HOIDSA Family Stipend fund. Please list any HOIDSA Members that will be attending the conference that you are seeking substitute reimbursement below.

1. \_\_\_\_\_

2. \_\_\_\_\_

Has your school used the HOIDSA Conference Stipend Fund before? Yes No

If so, when \_\_\_\_\_ For what conference? \_\_\_\_\_

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**Financial Assistance - Enter amount needed:**

**Registration Reimbursement:** The maximum registration stipend award is \$270 per education professional. Please submit a registration receipt with this application.

**\*\*Do not include HOIDSA members that are teachers or aides in this section. HOIDSA member/teachers may apply separately for registration reimbursement from the HOIDSA Family Stipend fund.**

\$150 May 4 ONLY # of education professionals attending \_\_\_\_\_ Requested \$ \_\_\_\_\_

\$150 May 5 ONLY # of education professionals attending \_\_\_\_\_ Requested \$ \_\_\_\_\_

\$270 May 4 and 5 # of education professionals attending \_\_\_\_\_ Requested \$ \_\_\_\_\_

Total Registration Reimbursement Requested \$ \_\_\_\_\_

**Substitute Reimbursement:** The amount of substitute reimbursement requested is not to exceed the district's standard substitute pay rate. Administrators may request to be reimbursed for their district's standard substitute pay rate up to \$100 per person, per day of attendance to the 2017 Illinois Includes Conference. A maximum of \$200 substitute reimbursement will be awarded per educational staff member.

- For example, if your district's substitute pay rate for a teacher or an aide is \$75, then the maximum amount you are able to request for each individual is \$150 total for both days.

**\*\*Please include HOIDSA members that are employed by your school that require a substitute to attend the conference.**

May 4 Teacher and/or Aide Substitute Reimbursement Requested \$ \_\_\_\_\_

May 4 HOIDSA Member/Teacher Substitute Reimbursement Requested \$ \_\_\_\_\_

May 5 Teacher and/or Aide Substitute Reimbursement Requested \$ \_\_\_\_\_

May 5 HOIDSA Member/Teacher Substitute Reimbursement Requested \$ \_\_\_\_\_

Total Substitute Reimbursement Requested \$ \_\_\_\_\_

***The following statement must be signed by an Administrator to validate this request.***

I am requesting assistance from the Heart of Illinois Down Syndrome Association's Conference Stipend Fund to attend the 2017 Illinois Includes Conference. My staff would be unable to attend this conference without this support. I promise to use the funds for the stated purposes and to submit receipts for all expenditures funded through this stipend. I understand that EACH conference attendee is required to complete a post-conference evaluation form and submit it to HOIDSA no later than May 12, 2017.

Signature \_\_\_\_\_ Date \_\_\_\_\_