

**Teacher Course Stipend Application Form**  
**Heart of Illinois Down Syndrome Association - HOIDSA**  
**Down Syndrome Short Course May 2021**  
**Supporting Students with Down Syndrome in Inclusive Schools**

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 2020-21 school year.***
- ***Educational Aides that are assigned to work directly with a child with Down syndrome for the 2020-21 school year.***
- ***Administrators that have a child with Down syndrome in their building and/or on their caseload for the 2020-21 school year.***

**Course Registration** - Stipends will be awarded to reimburse for the course registration (\$99) per educational professional.

- HOIDSA members that register for the Down Syndrome Short Course may apply separately for registration reimbursement through the HOIDSA Family Stipend fund.

**School Administrators**

As a requirement of receiving a stipend, school administrators need to complete the course stipend application form and submit a registration receipt for staff members listed on the Down Syndrome Short Course stipend application.

**All Stipend Recipients**

Each stipend recipient is required to complete the attached Post Course Evaluation form and submit it to HOIDSA no later than May 31, 2021. 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 – course stipend  
c/o Bethel Lutheran Church  
325 E. Queenwood Road  
Morton, IL 61550

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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 2020-21 school year. Stipends are also available to administrators that have a child with Down syndrome in their school or on their caseload for the 2020-21 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 course registration.

Name of Staff Member	Certified Teacher or Aide & Grade Or Administrator	Name of Child with Ds in class
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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

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

***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 Course Stipend Fund to **Down Syndrome Short Course May 2021 Supporting Students with Down Syndrome in Inclusive Schools**. My staff would be unable to attend this course without this support. I promise to use the funds for the stated purposes and to submit receipts. I understand that EACH course attendee is required to complete a post-course evaluation form and submit it to HOIDSA no later than May 31, 2021.

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