



ALLIANCE FRANÇAISE D'HAWAII

Scholarship Application Form for Teachers of French Applicants

The Alliance Française was founded in 1883 in Paris to encourage the propagation of French language and culture and to foster friendly relations between France and the rest of the world. The Hawai'i chapter of the Alliance Française was formed in 1961 and was incorporated in January 1962 with a goal of encouraging the study of French language and culture in Hawaii.

Mail this completed application form by February 1, 2012 to the following address:

Scholarship Committee, Alliance Française of Hawaii, P.O. Box 10249, Honolulu, HI 96816.

| Identification | | | | | | | |
|--------------------------|---|---|-----------|--|-----------|--------|-----------|
| Last name | | First name | | Initials | Title | | |
| Birth Year | Gender <input type="checkbox"/> F <input type="checkbox"/> M | Correspondence language <input type="checkbox"/> English <input type="checkbox"/> French | | Have you previously received a scholarship from AFH? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Contact information | | | | | | | |
| Primary telephone number | | | | Secondary telephone number | | | |
| Country code | Area code | Number | Extension | Country code | Area code | Number | Extension |
| Email Address | | | | | | | |

| Signature | |
|---|------|
| I certify that the information provided is accurate and complete. | |
| Signature | Date |



Family name, Given name

| Current Address | | | Correspondence Address (If different) | | |
|--|-------|----------|--|--------------------------|----------|
| Address _____ | | | Address _____ | | |
| City/Municipality | State | Zip Code | City/Municipality | State | Zip Code |
| Country | | | Country | | |
| Are you a resident in the State of Hawaii? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Start date (yyyy/mm/dd) | End date (yyyy/mm/dd) | |
| Language Proficiency | | | | | |
| Indicate level of language fluency (beginner, intermediate, or advanced). | | | | | |
| | Read | Write | Speak | Comprehend aurally | |
| English | _____ | _____ | _____ | _____ | |
| French | _____ | _____ | _____ | _____ | |
| Other: _____ | _____ | _____ | _____ | _____ | |
| Are you currently an Alliance Française of Hawaii member? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |



Family name, Given name

Work Experience

List the positions you have held beginning with the current position and all previous positions in reverse chronological order, based on the start year.

| | |
|------------------|------------|
| Current Position | Start year |
|------------------|------------|

Full organization name

Brief description of duties

| | | |
|----------|------------|----------|
| Position | Start year | End year |
|----------|------------|----------|

Full organization name

Brief description of duties

| | | |
|----------|------------|----------|
| Position | Start year | End year |
|----------|------------|----------|

Full organization name

Brief description of duties

Briefly indicate any other relevant work experience below.



Family name, Given name

Academic Background

List up to 3 degrees, beginning with the highest degree first and all others in reverse chronological order, based on the start date.

| Degree type | Degree name | Start date | Expected date | Awarded date |
|----------------|-------------|------------|---------------|----------------|
| Discipline | | School | | Cumulative GPA |
| School Address | | | | |

| Degree type | Degree name | Start date | Expected date | Awarded date |
|----------------|-------------|------------|---------------|----------------|
| Discipline | | School | | Cumulative GPA |
| School Address | | | | |

| Degree type | Degree name | Start date | Expected date | Awarded date |
|----------------|-------------|------------|---------------|----------------|
| Discipline | | School | | Cumulative GPA |
| School Address | | | | |

Travel Abroad

| Country | Start date | End date | Purpose of travel (tourism, work, school) |
|---------|------------|----------|---|
| | | | |
| | | | |
| | | | |



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|-------------------------|
| Family name, Given name |
|-------------------------|

Transcripts
 Applicants with university experience must submit *official transcripts* from each college. Official records are either originals issued by colleges and bear the actual signature of the registrar and the seal of the issuing institution, or attested true copies or photocopies, certified by the school official. **Uncertified** and **self-copied** credentials will not be accepted. Transcripts should be sent directly to:
Scholarship Committee, Alliance Française of Hawaii, P.O. Box 10249, Honolulu, HI 96816.

References
 At least **two** letters of recommendation are required. These letters are confidential and should be sent directly by recommenders to the following address:
Scholarship Committee, Alliance Française of Hawaii, P.O. Box 10249, Honolulu, HI 96816.
 List the below the three persons who will write your recommendations.

| | | |
|----------|---------|--------|
| Name | Address | |
| Position | Phone | E-mail |

| | | |
|----------|---------|--------|
| Name | Address | |
| Position | Phone | E-mail |

Autobiographical Statement and French Language Writing Sample
 Please attach a typewritten autobiographical statement of no more than 250 words.
 Please also include a writing sample that will reflect your proficiency with the French language.
Note: Applicants do not have to submit a writing sample if their transcripts indicate that they have attained a GPA of 3.0 or better in French 300 or higher.

Statement of Objectives
 Please attach a brief (no more than 500 words) but detailed statement of your planned use of the scholarship funding. Indicate as explicitly as possible how the scholarship will help you to promote the Alliance Française of Hawaii’s goal of promoting the study of the French language and francophone culture in Hawaii. Please note that AFH expects scholarship recipients to use awarded funds in a manner consistent with their statements of objectives and that scholarship recipients will be expected to present a brief report detailing how funds were used. If the AFH determines that the funds were not used in a manner consistent with either the goals of the organization or the applicant’s statement of objectives, the recipient may be asked to return the funds.