

ALLIANCE FRANÇAISE OF HAWAII

Grant Application for Teachers of French Language and/or Francophone Culture

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 Hawaii 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.

Application Deadline:

Send this completed application form to be received by **February 15, 2020** to the following address: Scholarship Committee, Alliance Française of Hawaii, P.O. Box 10249, Honolulu, HI 96816 or afhcourse@gmail.com

Are you currently a member of the Alliance Française of Hawaii? Yes No

Select Purpose of application (for further studies in):

France Francophone country _____ Other _____
specify specify

Identification

Last Name _____ First Name _____ MI ____ Male Female

Address _____
No. Street, Apt. No. City State Zip

Cell phone _____ Email _____

Current School _____

Address of School _____

Language Proficiency.

Please indicate level of language learning (beginning, intermediate, or advanced)

	Read	Write	Speak	Comprehend Aurally
French				
Other				

What class(es) are you currently teaching? _____

Additional Requirements for application:

1. Professional resume
2. Copies of diplomas
3. 1 letter of support from your school administrator

REQUEST FOR PROFESSIONAL DEVELOPMENT/TRAVEL GRANT

Meeting Convention/Conference Seminar/Workshop _____

Name of Meeting/Conference/Workshop:

Sponsoring organization:

Date(s): Start date _____ to _____

Location _____

City State (if applicable) Country

Projected Expenses

(covered expenses are determined at the discretion of the AFH Scholarship Committee – complete those expenses that apply):

Registration \$ _____
Round trip coach airfare \$ _____
Ground transportation \$ _____
Conference Hotel: # nights ____ @ \$ _____ per night \$ _____
OR
Hostel Site: # nights ____ @ \$ _____ per night \$ _____
OR
Home stay: # nights ____ @ \$ _____ per night \$ _____

If you choose to stay at the conference hotel site, there is no allowance for meals and hotel receipts for reimbursement are required.

Per diem (meals) for _____ days @ \$ _____/day \$ _____
(for stays outside of conference hotel site --
per diem rate for the number of days of the event and specific cities is available at www.gsa.gov. If additional days are requested, please explain in "Comments.")

Other expenses \$ _____

Please describe these expenses:

Tuition \$ _____

Books and curriculum materials \$ _____

Please specific curriculum materials needed:

Other, please specify:

TOTAL AMOUNT REQUESTED \$ _____

Please describe the purpose and merits of this professional development/travel grant and how the monies will be used (use additional sheets as needed):

How will you share your experiences with your colleagues and AFH?

I agree to submit a written report to be published in AFH's **La Chronique** by **October 31, 2020**. _____ (initial)

I agree to provide a follow-up report of use of grant funds substantiated with receipts to be submitted by **October 31, 2020**. _____ (initial)