

# ALLIANCE FRANÇAISE OF HAWAII

## Grant Application for University Student 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 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 postmarked by **February 15, 2020** to the following address: Scholarship Committee, Alliance Française of Hawaii, P.O. Box 10249, Honolulu, HI 96816 or afhbourse@gmail.com.

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

Have you previously received an AFH scholarship?  Yes  No

### Select Purpose of application (for further studies in):

France  Francophone country \_\_\_\_\_  Other \_\_\_\_\_  
specify specify

### Identification and contact information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_  Male  Female

Address \_\_\_\_\_  
No. Street, Apt. No. City State Zip

Correspondence Address (if different) \_\_\_\_\_  
No. Street

City State Country Zip  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_\_

Current School \_\_\_\_\_ Cumulative G.P.A. \_\_\_\_\_

Address of School \_\_\_\_\_

Are you a resident in the State of Hawaii?  Yes  No

**Work Experience.** Please list positions you have held with the current position and previous positions in reverse chronological order based upon the start year or you may attach your current resume.

Employer \_\_\_\_\_

Current position \_\_\_\_\_ Start date \_\_\_\_\_ / End date \_\_\_\_\_

Brief description of duties \_\_\_\_\_

Employer \_\_\_\_\_

Current position \_\_\_\_\_ Start date \_\_\_\_\_ / End date \_\_\_\_\_

Brief description of duties \_\_\_\_\_

**Language Proficiency.** What is your current class in French? \_\_\_\_\_

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

|        | Read | Write | Speak | Comprehend Aurally |
|--------|------|-------|-------|--------------------|
| French |      |       |       |                    |
| Other  |      |       |       |                    |

Why do you like learning French? \_\_\_\_\_

**Academic Background (please list highest degree earned first)**

Degree \_\_\_\_\_ Award date \_\_\_\_\_

School \_\_\_\_\_ Cumulative G.P.A. \_\_\_\_\_

School Address \_\_\_\_\_

Degree \_\_\_\_\_ Award date \_\_\_\_\_

School \_\_\_\_\_ Cumulative G.P.A. \_\_\_\_\_

School Address \_\_\_\_\_

**Travel Abroad:**

| Country | Approximate Dates | Purpose of travel (tourism, work, school) |
|---------|-------------------|---|
|         |                   |   |
|         |                   |   |
|         |                   |   |

**Additional Requirements for application:**

1. Student resume;
2. Two academic references from a teacher or school administrator;
3. Official school transcripts.
4. Preference given to applicants who demonstrate proficiency (at level noted above) in writing French.

**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)**

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](http://www.gsa.gov). If additional days are requested, please explain in "Comments.")

Other expenses \$ \_\_\_\_\_

Please describe these expenses:

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Tuition \$ \_\_\_\_\_

Books and curriculum materials \$ \_\_\_\_\_

Please specific curriculum materials needed:

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Other, please specify:

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**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)