

Α.

#### Alliance Française Immersion Days 2023

## SCHOLARSHIP APPLICATION FORM

# THE AFTV OFFERS SCHOLARSHIPS FOR ONE STUDENT PER SCHOOL FROM INDEPENDENT AND CATHOLIC SCHOOLS, TO ATTEND AN ALLIANCE FRANÇAISE IMMERSION DAY.

Please complete the form below to apply for an AFTV Scholarship for a student from your school to participate in a 2023 Alliance Française Immersion Day. You must be a current AFTV 2023 AFTV Member for your student to qualify for the scholarship.

Email your completed form to AFTV Treasurer on <a href="mailto:treasurer@aftv.vic.edu.au">treasurer@aftv.vic.edu.au</a>. All applicants will be advised by email of the outcome of their application.

| TO | TO BE COMPLETED BY THE STUDENT APPLICANT   |  |  |  |
|----|--|--|--|--|
| 1. | Student's full name  |  |  |  |
|    | Parent/guardian name   |  |  |  |
|    | Phone Email  |  |  |  |
| 3. | Student's school   |  |  |  |
| 4. | Student's school email address   |  |  |  |
| 5. | Current year level of French (please circle) Year 10   Year 11   Year 12                               |  |  |  |
| 6. | Date of requested Alliance Française Immersion Day/Weekend   |  |  |  |
| 7. | Please explain how you hope to benefit from the participation in the Alliance Française Immersion Day. |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |



# Alliance Française Immersion Days 2023

## SCHOLARSHIP APPLICATION FORM

| В. | TO BE COMPLETED BY THE TEACHER APPLYING ON BEHALF OF THE STUDENT |   |  |
|----|--|---|--|
|    | 1.   | Full name   |  |
|    | 2.   | Email contact   |  |
|    | 3.   | Mobile contact  |  |
|    | 4.   | Please comment on the applicant's commitment to their French studies.                     |  |
|    | -  |   |  |
|    | -  |   |  |
|    | -  |   |  |
|    | -  |   |  |
|    | •  |   |  |
|    | •  |   |  |
|    | 5.   | In signing below, I acknowledge the student's suitability to receive an AFTV scholarship. |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    | -  | Teacher's signature Date  |  |