

since 1903

COUP DE POUCE - HELPING HAND - 2023

Grant Program

Alliance Française Halifax (AFH) organizes a fundraising campaign every year towards its members and the community at large in order to fund a grant program for those wishing to learn French, but who are blocked by financial limitations.

These funds are available for the current year (from Session 1 to Session 5) and can cover up to 100% of tuition fees, regardless of the type of group courses (for a child, youth or adult), regardless of the level (from beginner to proficient), and up to one scholarship per year. Group classes are usually scheduled in the evening.

To apply for the grant, applicants should complete the application form below which includes the names of two references who are supporting your application and a cover letter, in English or French, answering the following three questions:

- 1- Why do you want to learn French?
- 2- How did you hear about Alliance Française?
- 3- What is your interest in French culture?

The application form must be complete and emailed to **sophie.pilipczuk@afhalifax.ca** no later than three weeks before the start of the course session to participate in the new round of selection.

Session 1 starts on February 13, 2023 - Deadline to apply: January 27th, 2023 Session 2 starts on April 24, 2023 - Deadline to apply: April 2nd, 2023

Session 3 starts on July 3, 2023 - Deadline to apply: June 11th, 2023

Session 4 starts on September 11, 2023 - Deadline to apply: August 22nd, 2023

Session 5 starts on November 2, 2023 - Deadline to apply: October 29th, 2023

For the year 2023, funds are available for:

- Children (3 to 11 years old)
- Adolescents (12 to 17 years old)
- Adults and young adults, with no age limit.

The selection jury is composed of two members of the Board of Directors of Alliance Française Halifax, including the Chair of the fundraising committee as well as a staff member.



HELPING HAND

Grant Program – Application Form

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First and last nam	ne:	
Postal address:		
Email:		
Phone:		
Category:	☐ Children (3-11)☐ Youth (11-17)☐ Adults (17+)	
Date of Birth (Chil	dren and Youth): (DD/MM/YYY	<u> </u>
Name of parent /	guardian (Children and Youth):	
give Alliance Fran	çaise Halifax permission to d Program webpage if my appli	splay publically my full name on its dedicated "Coup cation is successful. Please contact us if you prefer not
Date: (DD/MM/Y	YYY)	
Signature:		



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Grant Program – Application Form

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First and last name:					
Cover letter (one page max.) 1- Why do you want to learn French? 2- How did you hear about Alliance Française? 3- What is your interest in French culture?					



HELPING HAND

Grant Program – Application Form

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First and last name:				
Names of references (will be contacted if needed):				
1)				
First and last name:				
Position Occupation:				
Email:	_			
Phone:				
2)				
First and last name:				
Position Occupation:				
Email:	_			
Phone:				