



Alliance Française

Halifax - Canada

## COUP DE POUCE - HELPING HAND

### 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 [president@afhalifax.ca](mailto:president@afhalifax.ca) no later than May 31<sup>st</sup>, 2021 to participate in the second round of selection.

For the year 2021, the following funds are available:

- \$ 1,500.00 in grants for children (3 to 11 years old)
- \$ 1,500.00 in grants for adolescents (12 to 17 years old)
- \$ 1,500.00 in grants for adults and young adults, with no age limit.

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



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### Grant Program – Application Form

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The application form must be complete and emailed to [president@afhalifax.ca](mailto:president@afhalifax.ca) no later than May 31<sup>st</sup>, 2021 to participate in the second round of selection.

First and last name:

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Postal address:

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Email: 

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Phone: 

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Category:             Children (3-11)  
                          Youth (11-17)  
                          Adults (17+)

Date of Birth (Children and Youth): (DD/MM/YYYY) 

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Name of parent / guardian (Children and Youth): 

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By sending this form, I (First and last name) 

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 ,  
give Alliance Française Halifax permission to display publically my full name on its dedicated "Coup de Pouce" Grant Program webpage if my application is successful. Please contact us if you prefer not to have your name published

Date: (DD/MM/YYYY) 

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Signature: 

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First and last name:

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**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?*



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First and last name:

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#### **Names of references (will be contacted if needed):**

1)

First and last name:

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Position | Occupation :

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Email : \_\_\_\_\_

Phone : \_\_\_\_\_

2)

First and last name:

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Position | Occupation :

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Email: \_\_\_\_\_

Phone : \_\_\_\_\_

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