



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 **sophie.pilipczuk@afhalifax.ca** no later than February 6th, 2022 to participate in the first round of selection.

For the year 2022, funds are available for:

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

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.

+1 (902) 455-4411 - info@afhalifax.ca

5509 Young Street, Halifax, Nova Scotia, Canada

Association à but non lucratif - www.afhalifax.ca



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Grant Program – Application Form

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The application form must be complete and emailed to **sophie.pilipczuk@afhalifax.ca** no later than February 6th, 2022 to participate in the first round of selection.

First and last name:

Postal address:

Email: _____

Phone: _____

- Category:
- Children (3-11)
 - Youth (11-17)
 - Adults (17+)
 - After-school tutoring program

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

Name of parent / guardian (Children and Youth): _____

By sending this form, I (First and last name) _____, give Alliance Française Halifax permission to display publicly 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) _____

Signature: _____



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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?*



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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:
