ALLIANCE FRANÇAISE DE FRESNO  
*JENNIFER DUPRAS SCHOLARSHIPS*2022 Project-based Application   
[alliancefrancaisedefresno@gmail.com](mailto:alliancefrancaisedefresno@gmail.com) / <https://www.affresno.net> / (559) 930-6803

**PROJECT-BASED SCHOLARSHIP APPLICATION**

Thank you for your interest in this AFF’s scholarship. Please complete this form to the best of your ability and email to [alliancefrancaisedefresno@gmail.com](mailto:alliancefrancaisedefresno@gmail.com) referencing the subject line “**Project-base Scholarship**” or mail via USPS to: Alliance Française de Fresno

PO Box 9941

Fresno CA 93794

**This scholarship is open to French teachers presently teaching or to students currently enrolled in a French class.**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone: ( ) Email:  
Status: [ ] Teacher [ ] Student **School Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a student, please ask your French teacher to write a short letter of recommendation in support of your application and attach it to your submission.

Competed application must be delivered or postmarked no later than TIME on DATE.

Applications with missing information or submitted after deadline will not be eligible.

1. Briefly describe your reason for applying to this scholarship (300 words).
2. Describe how your project fits with AFF’s mission of promoting the French language and culture in Central California and how this scholarship will help in this endeavor. Kindly state your expectations from this experience and a timeframe for completion (600 words).

Award of this scholarship is contingent upon your commitment to present your final project to the membership of the Alliance Française of Fresno at an agreed upon date, time and format. Please mark and sign this application as an understanding of this condition. Thank you.

I have read the scholarship application and I agree to abide by its rules: [ ]

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_