



L'ALLIANCE FRANÇAISE  
D'OKLAHOMA CITY



## APPLICATION FORM 2018

(By signing this application form you confirm you have read and understood the guidelines of the program)

You are applying for a fellowship grant for USA.

[Please fill in this form in another colour than black](#)

### 1. PERSONAL DETAILS

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

Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Family telephone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Personal email, (**compulsory**): \_\_\_\_\_

Family email (**compulsory**): \_\_\_\_\_

English teacher email (**compulsory**): \_\_\_\_\_

Emergency contact details in France:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Tel: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Language skills: \_\_\_\_\_

Travel experience: \_\_\_\_\_

## 2. SCHOOL DETAILS

Name of your school: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Principal's name: \_\_\_\_\_

School year (level) in 2016-2017: \_\_\_\_\_ Track: \_\_\_\_\_

## 3. PROJECT OUTLINE

Please submit a detailed outline of the project you wish to undertake.

- **Title of your project :**
- **Project aims and a brief summary** (What are your reasons for undertaking the project? What do you hope to achieve or discover on its completion?)
- **Related subject areas** (How does your project relate to your studies?)

- **Preparation before the visit** (What are you planning to do before your visit in order to make your research project feasible?)

- **Project activities during the visit, both in and out of school** (How will you spend your time and how will this benefit your project?)

- **Research methods (e.g. questionnaires, interviews, field visits, etc).** (What primary research/secondary research methods will you use in order to accomplish your project goals listed in question 1? Why do you need to go to the host country to carry out your research?)

- **Please also provide some evidence of how you plan to disseminate your project and pass on your experience to fellow students / teachers at your school / in your area.**

#### 4. DATES OF VISIT

**Dates of visit:** 27<sup>th</sup> October 2018 to 11<sup>th</sup> November 2018

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#### STATEMENTS

I, \_\_\_\_\_, confirm that all the details submitted are, to the best of my knowledge, correct and that the project proposal is my own work. I have read and I agree to the terms set out in the application guidelines.

Data Protection Notice

The Ministry of Education will use the information you have provided for the purpose of administering and evaluating the Student Fellowship Programme. The information you have provided will be shared with co-operating partners. We may also communicate some information to other third parties to promote the scheme and encourage networking. Examples include the Educational Press, French Embassy, the Alliance Française and other interested parties.

\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_

**Place and Date**

#### PARENTAL CONSENT

I confirm that I have read and fully support the application of my son / daughter. I agree to his / her study visit to Oklahoma, USA, if he / she is successful in this application.

\_\_\_\_\_

**Name of parent 1**

\_\_\_\_\_

**Signature of Parent 1**

\_\_\_\_\_

**Place and Date**

\_\_\_\_\_

**Name of parent 2**

\_\_\_\_\_

**Signature of Parent 2**

\_\_\_\_\_

**Place and Date**

Once completed and signed, you should pass on your application to your supporting teacher in order to have them complete the reference form (here included).

Your school should return your original application form to the Rectorat d'Amiens by:

**Friday, June 15, 2018**

To

Tatiana Viallaneix

[ce.dareic@ac-amiens.fr](mailto:ce.dareic@ac-amiens.fr)

**TEACHER'S REFERENCE**

Student's name: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

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

Subject taught: \_\_\_\_\_

Please provide a reference for the applicant as indicated, including comments about the following:

**(i)** proposed project and relevance to studies, **(ii)** academic achievements, **(iii)** language skills, **(iv)** the ability to work independently, **(v)** initiative, **(vi)** reliability, **(vii)** social and interpersonal skills, **(viii)** organizational skills

Please also indicate in what ways you can support the above applicant, before, during and after their participation in the Fellowship program.

*As this program is reciprocal, the Académie d'Amiens welcomes a group of Oklahoma high school students every spring, would your school be interested in hosting such a visit?*

Yes       No

\_\_\_\_\_

**Teacher's signature**

\_\_\_\_\_

**Place, Date**

\_\_\_\_\_

**Principal's signature**

\_\_\_\_\_

**Place, Date**

**MATCHING INFORMATION (FOR USE BY HOST SCHOOLS AND FAMILIES IN OKLAHOMA)**

Full name and address: \_\_\_\_\_

\_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

You are a:  smoker  non-smoker

*Attention:*

*In Oklahoma, the legal age for smoking is 18, and the legal age for drinking is 21. Thus, buying, possessing and consuming tobacco and alcohol during your stay is strictly forbidden.*

Do you have any allergies or other medical conditions?  Yes  No

Please give details: \_\_\_\_\_

Do you have any special dietary requirements?  Yes  No

Please give details: \_\_\_\_\_

Do you have any other special requirements?  Yes  No

Please give details: \_\_\_\_\_

What are your hobbies / interests? \_\_\_\_\_

\_\_\_\_\_

Which subjects are you particularly interested in for classroom observation?

\_\_\_\_\_

Are there any other aspects of school life you would like to observe/participate in?

\_\_\_\_\_

Please, add any further comments, if you wish \_\_\_\_\_

\_\_\_\_\_