

**Alliance Française Minneapolis/St Paul
2018-2019 High School Scholarship Application Form
for students in grades 9-11 during the
2017-2018 schoolyear**



Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Annual Household Income: _____ Number of family members in household: _____

High School: _____

Grade: _____ GPA (Minimum 3.0): _____

Teacher: _____ Phone Number: _____

Special achievements, honors, recognition: _____

Is French offered at your school Yes No What language do you speak at home? _____

List all French courses taken in the past: _____

List other foreign language experiences: _____

List extracurricular activities: _____

Why would you like to learn French (use additional pages if necessary):