

Ada Belle Winthrop-King Endowed Memorial Fund

Summer High School Award

PART B

Last Name _____

First Name _____ Middle Name _____

Parent/ Legal Guardian: _____

High School: _____

E-mail address: _____

Postal Address: _____

Please note that this High School award may only be used to support travel to an approved educational travel to a French-speaking country with the purpose to improve the student's French linguistic knowledge and skill. Protecting your privacy is important to us. The Winthrop-King Institute for Contemporary French and Francophone Studies will use the personal information you provide for the sole purpose of evaluating your award application. Disclosure is voluntary. However, failure to provide information could preclude your consideration for this award.

This form, when complete, must be submitted together with all required items by not later than the advertised deadline to:

Winthrop-King Institute
Department of Modern Languages and Linguistics
362 Diffenbaugh Building
Florida State University
Tallahassee, FL 32306-1540

WINTHROP-KING INSTITUTE HIGH SCHOOL AWARD – PART B

Complete **EITHER** Section 1 **OR** Section 2 and submit **ALL** required items.

SECTION 1

FOR EDUCATIONAL TRAVEL ABROAD PROGRAM TO A FRENCH-SPEAKING COUNTRY APPROVED BY YOUR FRENCH TEACHER

Name of the Program _____

Location of the Program _____

Name of the institution administering the Program _____

Teacher who approved the Travel Program _____

Submit by the advertised deadline the following required items:

- (a) this form via mail to:
 - Winthrop-King Institute
 - Florida State University
 - 362 Diffenbaugh Bldg
 - Tallahassee, FL 32306-1540
- (b) online application Part A
- (c) documentation (program of interest brochure or internet address) sufficient to enable the Winthrop-King award committee to assess the sustainability of your proposed program of travel

SECTION 2

FOR INDEPENDENT TRAVEL TO A FRENCH-SPEAKING COUNTRY APPROVED BY YOUR TEACHER

Destination _____

Details of the independent travel _____

Teacher who approved the Travel _____

Submit by the advertised deadline the following required items:

- (a) this form via mail to:
 - Winthrop-King Institute
 - Florida State University
 - 362 Diffenbaugh Bldg
 - Tallahassee, FL 32306-1540
- (b) online application Part A
- (c) documentation sufficient to enable the Winthrop-King award committee to assess the sustainability of your proposed program of travel

STUDENT DECLARATION

I understand that the Winthrop-King Institute High School French Award is subject to the availability of funding and available to high school students currently enrolled in Leon County. I declare that all information provided in this application and in documents submitted is true and correct. I declare that I have read and understood the Aims and Conditions governing the award in which I am applying for. I authorize the Winthrop-King Institute for Contemporary French and Francophone Studies to verify any information provided by me. I understand that the Winthrop-King Institute for Contemporary French and Francophone Studies may decline to assess my qualification for the award if information required for valid assessment is not provided within my application.

Student Signature _____ Date _____

PARENTAL CONSENT

The undersigned as parent or guardian gives consent for their child to apply for the Winthrop-King Institute High School French Award, and provide the information requested in application Part A and Part B.

I, _____, am the parent/legal guardian of _____ (student). I confirm that I have read and understood all sections of the Aims and Conditions governing the Winthrop-King Institute High School French Award that my child is applying for. I agree to abide by them. I also give permission to the Winthrop-King Institute of Contemporary French and Francophone Studies to share information provided in my child’s application with the Winthrop-King award committee and my child’s current French teacher. I certify that _____ who is a high school student in Leon County and whose name is as it appears on his/her birth certificate is my child or legal ward.

Parent/Guardian Signature _____ Date _____