



## THE JACQUES BRION SCHOLARSHIP- APPLICATION 2025

Please **type** your answers.

1. Last Name:
2. First Name:
3. Mailing Address:
4. Daytime Telephone Number:
5. Alternate Phone number:
6. Email Address:
7. Date of Birth:
8. For students, a letter of recommendation from a faculty member. For
9. For professionals, one letter of recommendation from the applicant's colleagues or employer.

**10. On a separate sheet please provide an intent letter or a typed essay answering the questions below:**

Why do you want to learn French, or perfect your knowledge of the French Language?  
Why do you want to pursue further training to teach French?  
How will this scholarship help you succeed in your studies, your career and beyond?  
Why do you deserve this scholarship?

**11. STATEMENT OF ACCURACY**

I hereby affirm that all the above stated information provided by me to the Alliance Française Miami Metro Board Committee is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Jacques Brion Scholarship Program.

I hereby understand that if chosen as a scholarship winner, I must take part in the program for the funds to be granted.

**12. Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MAIL COMPLETE APPLICATION PACKAGE TO:**

**ALLIANCE FRANCAISE MIAMI METRO**

**100 Biscayne Boulevard suite 2120**

**Miami FL 33132**

**Or EMAIL TO:**

**info@af-miami.org**

**FOR FURTHER INQUIRY (305) 417-6243 | [info@af-miami.org](mailto:info@af-miami.org) | [www.af-miami.org](http://www.af-miami.org)**