

Ada Belle Winthrop-King Endowed Memorial Fund

Summer High School Award

PART B

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.

All three pages of this form, 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

**Applicant information**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Parent/ Legal Guardian: \_\_\_\_\_

High School: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Complete **EITHER** Section 1 **OR** Section 2.

***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

WINTHROP-KING INSTITUTE HIGH SCHOOL AWARD – PART B

**ATTESTATION TO BE COMPLETED BY APPLICANT**

**Please initial next to each statement.**

----- I understand that the Winthrop-King Institute High School French Award is subject to the availability of funding available.

----- I certify that all information provided in this application and in documents submitted are true and correct.

----- I have read and understood the Aims and Conditions governing the award I am applying for.

----- I authorize the Winthrop-King Institute for Contemporary French and Francophone Studies to verify any information provided by me with my teacher.

----- I understand that the Winthrop-King Institute for Contemporary French and Francophone Studies may decline to assess my qualification for the award if the information required for valid assessment are not provided within my application and in a timely manner.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL CONSENT TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

I, (name) ----- parent/legal guardian give consent to my child (name) -----  
----- to apply for the Winthrop-King Institute High School French Award, and provide the information requested in application Part A and Part B to the Winthrop-King Institute.

I certify that (child name) \_\_\_\_\_ is a high school student in Leon County and is my child/ legal ward.

I attest that I have read and understood all sections of the Aims and Conditions governing the Winthrop-King Institute High School French Award and 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_