

The Dr. Elizabeth Hull Memorial Scholarship for Students of French

The Sister Cities Association of Palatine (SCAoP) will offer one (1) one-year scholarship of \$4,000 to one high school senior who resides within one of the following school district attendance areas: 211, 214, and U-46. The award is to be used to pursue post-secondary education for the study of French language, history, and culture and will help defray part of the cost of tuition and travel. The scholarship will be applied for the further study of French in an accredited college program, and study abroad immersion through a visit to our Sister City, Fontenay-Le-Comte, France. The scholarship will be awarded to a qualified applicant regardless of race, religion, sex, sexual orientation, or national origin. Funds for the scholarship were provided through a variety of fund-raising activities conducted by the SCAoP.

APPLICANT REQUIREMENTS

1. The applicant must be a resident of one of the following districts: 211, 214 or U-46, and must have completed all levels of high school French (1 through 4) or the equivalent (i.e. similar experience-demonstrated proof of aptitudes at the high school level) by graduation in 2024. The applicant must register for French classes at the accredited College or University level.
2. The applicant must complete the application form postmarked by **April 30, 2024** , and submit it to: Sister Cities Association of Palatine, P.O. Box 727, Palatine IL 60067. Application should be completed stating full name, birth date, address, phone/contact number, e-mail address, high school attending, expected graduation date, parent/guardian name, address (if different from student), contact number, and e-mail address.
3. The applicant must submit an official transcript from his/her high school indicating a GPA of 2.5 or higher and a minimum of B average in French.
4. The applicant must include two (2) Letters of Recommendation in the forms attached to the application.
5. The applicant must be at least 18 years old by the time of travel and provide a letter of parental/guardian consent. The applicant, if selected, will have to hold a valid passport, all required visas (if necessary), and a signed Hold Harmless Agreement (sample attached).
6. The applicant must provide a one (1) page typed essay in 12-point font, double-spaced. The essay may not exceed one page and must include the applicant's original personal answers to the questions listed on the application under Personal Merit and Intentions.

7. By accepting this scholarship, the applicant agrees to share his/her experience with the Sister Cities Association of Palatine at a mutually agreed upon date.

Due: April 16, 2024

A. Personal Information: Please print clearly or type response

Applicant's Full Name: _____

Address: _____

Home phone: _____ Cell Phone: _____

E-mail address: _____

Age: _____ Birth Date: _____

High School Attendance or attendance area if home-schooled: _____

Expected Graduation Date: _____

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Address: _____

Parent/Legal Guardian's Home # _____ Cell # _____

Parent/Legal Guardian's Email Address: _____

B. Academic Standing

Please submit an official transcript from your high school with this application. The transcript must show courses and grades through your seventh semester of high school. Please include your 2nd semester schedule.

What is your unweighted GPA? _____

What is your weighted GPA? _____

C. Letters of Recommendation:

Please include two (2) letters of recommendation with this application. One letter must be from your 2nd or 3rd year French Instructor and one from your 4th year French Instructor. If you were instructed by the same teacher for consecutive years, a recommendation from a general education teacher is also needed.

D. Letter of Parental Consent

Please include a signed letter of consent from your parent/legal guardian giving you permission to apply for this scholarship opportunity and the commitment responsibilities that are included.

E. Personal Merit and Intentions (Essay)

Please type your essay on a separate page and label it “Personal Merit and Intentions” with your first and last name typed in the upper right-hand corner. Use a 12-point font, 1” margins, double-spaced. Limit your essay to 1 page.

What personal efforts have you made to take responsibility for your progress in French? Please include the following:

- Specific plans to study French
- Where you will plan to study – name of Junior College, College or University
- How you hope to grow in your understanding of the French language, history, and culture
- How you will use this opportunity to help give back to the local and/or global community

Teacher Recommendation Form #1

Please note that this form remains confidential and is not shared with the student and/or family.

Student Candidate Name: _____

Thank you for taking the time to complete this form. Your shared experience will help Sister Cities Association of Palatine in its selection of candidates for the Student of French Scholarship.

A. Teacher name: _____ Subject Area: _____

School Name: _____

Phone number (with extension): _____ Email: _____

B. Please rate the student on the following criteria from 1 to 5, 5 being the highest.

Integrity: 1 2 3 4 5

Responsibility: 1 2 3 4 5

Citizenship: 1 2 3 4 5

Initiative: 1 2 3 4 5

Self-Advocacy: 1 2 3 4 5

C. Part of this scholarship includes sponsorship for a 7 to 10 days immersion trip to Fontenay-Le-Comte, France. Please keep the following questions with this trip in mind.

1. Do you have any comments and/or concerns regarding the behavior of this candidate while staying with a host family?

2. Has the student ever shown a lack of responsibility or behavior that would caution you from recommending him/her?

Please share your personal thoughts on the merits of this candidate and/or any information about this candidate that may help the Association make its selection:

Signed: _____

D. Please insert this form in a sealed envelope with the Student Candidate's Name on the front, your signature across the sealed flap and return it to the candidate.

The candidate must attach the sealed envelope to his/her application submission.

Thank You very much for your help,

Sincerely,

Sister Cities Association of Palatine

Teacher Recommendation Form #2

Please note that this form remains confidential and is not shared with the student and/or family.

Student Candidate Name: _____

Thank you for taking the time to complete this form. Your shared experience will help Sister Cities Association of Palatine in its selection of candidates for the Student of French Scholarship.

A. Teacher name: _____ Subject Area: _____

School Name: _____

Phone number (with extension): _____ Email: _____

B. Please rate the student on the following criteria from 1 to 5, 5 being the highest.

Integrity:	1	2	3	4	5
Responsibility:	1	2	3	4	5
Citizenship:	1	2	3	4	5
Initiative:	1	2	3	4	5
Self-Advocacy:	1	2	3	4	5

C. Part of this scholarship includes sponsorship for a 7 to 10 days immersion trip to Fontenay-Le-Comte, France. Please keep the following questions with this trip in mind.

1. Do you have any comments and/or concerns regarding the behavior of this candidate on a trip while staying with a host family?

2. Has the student ever shown a lack of responsibility or behavior that would caution you from recommending him/her?

Please share your personal thoughts on the merits of this candidate and/or any information about this candidate that may help the Association make its selection:

Signed: _____

Please insert this form in a sealed envelope with the Student Candidate's Name on the front, your signature across the sealed flap and return it to the candidate.

The candidate must attach the sealed envelope to his/her application submission.

Thank You very much for your help,

Sincerely,

Sister Cities Association of Palatine

Parent/Guardian Permission to Apply for Scholarship

I, _____ (Print parent or guardian's full

name) give _____ (Print applicant's full name)

permission to apply for the Sister Cities Association of Palatine, Illinois (SCAoP)

Scholarship for Students of French. I understand the

requirements the applicant must meet to be eligible to apply for the

scholarship. I also understand that the Sister Cities Association of Palatine,

Illinois, (SCAoP) reserves the right to rescind any application that has not

met the requirements. SCAoP is not responsible for any applications it does not

receive. I also understand the SCAoP will choose only one recipient and that its decision is final.

Name of Student: _____

Signature of Parent/Guardian: _____

WAIVER AND RELEASE

I, _____, am about to voluntarily participate in a trip to Fontenay le Comte, France, as part of a French study scholarship program (the "Scholarship") for which I applied and was awarded. This trip includes, but is not limited to, commercial aircraft flights, local transportation in the U.S. and in France, and other activities in connection with my studies of the French language and culture (collectively, the Activity"). In consideration of and as a condition of my participation in the Activity and receipt of the cash proceeds of the scholarship, the sufficiency and receipt which I hereby acknowledge, knowingly, on behalf of myself, my heirs, administrators, successors, executors and assigns, hereby covenant and agree:

1. The Scholarship is provided by the Sister Cities Association of Palatine, whose address is P.O. Box 727, Palatine, Illinois 60067, which, including its affiliates, managers, members, agents, attorneys, staff, volunteers and their respective heirs, representatives, predecessors, successors and assigns are hereinafter collectively referred to as "SCAOP".
2. I am aware that there are inherent risks in the Activity and that I am freely assuming all risks of any nature and damages related to the Activity and fully release SCAOP from all such liability relating to same.
3. To never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit of any nature against SCAOP for any destruction, loss, damage or injury (including death) to my person or property or that of others which may occur from any cause whatsoever, known or unknown, foreseen or unforeseen, and agree to discharge, defend, indemnify and hold SCAOP harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
4. I forever, waive, release and discharge any demands or claims or suits of any nature, known or unknown, now or in the future, foreseen or unforeseen including but not limited to any destruction, loss, damage or injury (including death) to my person or property or that of others arising from my participation in the Activity, against SCAOP, and agree to defend, indemnify and hold SCAOP harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
5. In the event of any litigation or arbitration resulting from my activities of any nature with SCAOP that I agree that venue and jurisdiction is limited to that of the Courts in Cook County Illinois and or the United States District Court for the Northern District of Illinois Eastern Division and that Illinois law shall govern.
6. In the event that I should require medical care or treatment, I authorize _____, my Host Family, to provide all emergency medical care deemed necessary, including but not limited to, first aid, and, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume and be financially responsible for all costs incurred as a result of such treatment. I understand that I should arrange to carry my own health insurance while in France.
7. I understand that I will be required to execute and deliver a separate agreement with my host family.
8. I hereby, authorize SCAOP the continued right in perpetuity to photograph, film or video my participation in the Activity and to use the same as they deem fit.

I ACKNOWLEDGE THAT I HAVE READ THIS WAIVER AND RELEASE AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.

_____ Date: _____