



42<sup>nd</sup> Annual IFLTA Conference 2010  
"Race to the Top with Languages"

November 4-6, 2010  
Crowne Plaza Hotel Indianapolis - Airport

**2010 IFLTA CONFERENCE ATTENDANCE GRANT: APPLICATION FORM**

Complete applications and recommendations must be received by **September 12, 2010** to be considered. Awardees will be notified by **October 6, 2010**. Grants may cover registration and/or lodging.

Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_

Phone (     ) \_\_\_\_\_ E-mail \_\_\_\_\_

Language(s) you (expect to) teach: \_\_\_\_\_

I am applying for: \_\_\_\_\_ conference registration expense only  
                                  \_\_\_\_\_ conference registration and hotel (shared room) for \_\_\_\_\_ nights (provide 1 or 2)

Note: The grant does not cover meals. Please send a check with the registration.

Distance you must travel to the conference site (Indianapolis) \_\_\_\_\_

Please indicate your status:

\_\_\_\_\_ **Student/Pre-Service Teacher**  
                                  Overall GPA \_\_\_\_\_ Foreign Language GPA \_\_\_\_\_ Graduation \_\_\_\_\_

\_\_\_\_\_ **Beginning Teacher** (0-5 years experience)  
                                  Number of Years Teaching Experience \_\_\_\_\_

\_\_\_\_\_ **Experienced Teacher** (over 6 years)  
                                  Number of Years Teaching Experience \_\_\_\_\_

**Send:**

- 1) Completed Application Form.
- 2) One-page statement explaining why world language education is your profession, how you will benefit from attending the IFLTA Conference, **how you will participate in the 2010 Fall Conference (presenter, president, volunteer)**, and any special circumstances surrounding your financial need/conference attendance.
- 3) Recommendation from a sponsor (see Recommendation Form).
  - Student/Pre-Service Teacher:** A university foreign language professor or methodologies professor.
  - Teacher:** A Principal or Superintendent.

**Please provide your sponsor with the Recommendation Form and SASE to be sent directly to:**

**To:** Nancy Loriaux  
IFLTA Grants & Scholarships Chair  
517 V Street  
Bedford, IN 47421



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**2010 IFLTA CONFERENCE ATTENDANCE GRANT: RECOMMENDATION FORM**

Sponsor's Name \_\_\_\_\_

Institution \_\_\_\_\_ E-mail \_\_\_\_\_

Name of applicant you wish to recommend: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship?    Advisor                      Supervisor                      Instructor

Please rank the applicant from 1-5 (with 1 being the highest) in the following six categories:

1	2	3	4	5
Excellent	Good	Average	Fair	Poor

- |  |       |
|--|-------|
| 1. Academic achievement in foreign language learning                               | _____ |
| 2. Commitment to teaching as a long-term career                                    | _____ |
| 3. Character, integrity  | _____ |
| 4. Initiative, ability to self-start   | _____ |
| 5. Fitness for teaching (Appropriate certification, progress toward certification) | _____ |
| 6. Motivation to improve and learn   | _____ |

***Please enclose a one-page statement indicating what would distinguish this applicant from others applying for the grant.***

Please send completed Recommendation Form  
and written statement of support directly to:

Nancy Loriaux  
IFLTA Grants & Scholarships Chair  
517 V Street  
Bedford, IN 47421

Recommendations must be received by **September 12, 2010** for consideration.

IFLTA appreciates your time and effort in recommending this individual.