



51st Annual IFLTA Conference 2019

October 31-November 2, 2019  
Sheraton-Keystone, Indianapolis

**2019 IFLTA CONFERENCE ATTENDANCE GRANT: APPLICATION FORM**

Complete applications and recommendations must be received by **September 15, 2019** to be considered.  
Awardees will be notified by **October 1, 2019**. 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)

**PLEASE** \_\_\_\_\_ The grant does not cover meals. Please include meal payment with your conference registration if you plan to attend the Fri. and/or Sat. buffet. Grant winners who are students/pre-service or beginning teachers are expected to attend the Thursday workshop and pay the \$25 fee. It is NOT included in the grant award.

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 2019 Fall Conference (presenter, or presider at two sessions, with availability on BOTH Friday and Saturday)**, 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:**

Sibel Crum, IFLTA Grants and Scholarships Chair, [sariogul@indiana.edu](mailto:sariogul@indiana.edu)