

# APPLICATION FORM

   **A**    **B**    **C**    **D**    **E** Please check the study-track for which you are applying.

   I am also applying for the Head-start option of this track.

   I am also applying to the Institute for financial aid. (Please note that JLI has only a few scholarships available, in amounts of \$250 up to \$750.) Applicants for financial aid must ensure that both their Program Application packet and Financial Aid application are postmarked during the Early Application Period that ends on January 15. To apply, please print out the Financial Aid Application Form at [chezvoussummer.com](http://chezvoussummer.com) under the FORMS link, and follow the instructions.

Name: \_\_\_\_\_ Nick name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Current College/University: \_\_\_\_\_

Please check your official class standing **during** spring semester 2010: Fr\_\_\_\_ Soph\_\_\_\_ Jr\_\_\_\_ Sr\_\_\_\_

Expected Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

**School Address**

Box/Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Home Address**

Box/Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please give 2 people to contact in case of an emergency:**

<b>1.</b>	<b>2.</b>
Name: _____ Phone: _____	Name: _____ Phone: _____
E-mail: _____ Fax: _____	E-mail: _____ Fax: _____

Do you have any medical conditions we should be aware of? Or medically-related dietary restrictions?  
   No    Yes . . . If so, please note: \_\_\_\_\_

Do you play an instrument with which you would be willing to participate in student worship times?  
   No    Yes . . . Instrument \_\_\_\_\_

Planned Major(s) and Minor(s) (or Undecided): \_\_\_\_\_

Please list the college-level French courses you are taking during this current school year (and letter grade achieved if course is completed):

a) \_\_\_\_\_ ( )    b) \_\_\_\_\_ ( )    c) \_\_\_\_\_ ( )

Please list all college-level French courses taken before this current school year:

Course Title	Sem./Year	Letter Grade	Course Title	Sem./Year	Letter Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How many years of high school French did you have? \_\_\_\_\_ year(s).

## Thank you for **your complete responses** to the following questions.

1. Have you previously spent time in France or a francophone country? \_\_\_\_ No \_\_\_\_ Yes  
If yes, please describe briefly your experience there.

2. How does Chez Vous fit into your academic program as well as your personal interests?

3. How would you describe your spiritual life and relationship with Christ?

4. Have you been subject to any behavioral discipline at a college or university? If so, we don't need the fine details, but please give us your perspective on the event(s). (By signing this application, I also give permission to contact my college or university for reference.)

**By signing my name below, I understand that if accepted, I am affirming all of the following for the duration of Chez Vous.**

\* That I am coming to participate fully in the program and use only French for speaking during the periods designated.

\* That in representing Christ, my home country, and my home university, I am fully committed to upholding the behavioral standards of the scriptures, the code of my home university catalog, as well as the customs and standards of the Institute and local believers in France.

\* And that in the unlikely event I fail to uphold this affirmation, I may be released from the program with possible forfeiture of all fees and with full responsibility for my own return home (including airline return ticket purchase or change fee).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Merci beaucoup,  
à bientôt!**

***The Jacques Lefevre Institute***

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<http://chezvoussummer.com>

