

ADVENTURE PROGRAM 2024

(SUMMER PROGRAM IN FRENCH FOR LEVEL I STUDENTS)

Eligibility Criteria

To be eligible, a candidate must:

- be a full-time Level I student during the 2023/24 school year;
- at the time of the application, be a Canadian citizen or have been lawfully admitted to Canada for permanent residence in accordance with the provisions of the Immigration Act;
- be a permanent resident of the province of Newfoundland and Labrador.

Application

- Scanned copies of the following must accompany all applications:
 - a photocopy of proof of Canadian citizenship or proof of being lawfully admitted to Canada for permanent residence in accordance with the provisions of the Immigration Act;
 - the Teacher Recommendation form.

NOTE: All scanned documents will only be accepted as **PDF format** via email attachments.

- The deadline for receipt of applications is **4:30 p.m. on February 16, 2024.**
- It is the responsibility of the applicant to ensure that the application and required documents are received via email to adventure@gov.nl.ca by the deadline date.

Selection

- Successful applicants will be assigned a bursary at **Collège Saint-Charles-Garnier**, Quebec City campus.
- Application status will be communicated by email in March 2024.
- Unsuccessful applicants will be queued in a wait list. Any cancelled bursaries will be offered to wait-listed applicants by random selection.
- Candidates who wish to cancel their bursary must notify adventure@gov.nl.ca immediately.

Late applications

- Applications received after **4:30 p.m., February 16, 2024**, will only be considered once all other on time applicants have been awarded a bursary.

Administration

- The Level I program will run from **June 30 to July 27, 2024.**
- The program is four-weeks in duration.
- Bursaries will be paid directly to the institution.
- Bursaries will cover the cost of tuition, registration fee, room and board, instructional materials and all compulsory activities.
- Bursary recipients will be responsible for their own transportation costs and pocket money.
- Bursary recipients will live on campus, in student residences; 2 students per room.
- The Programs and Services Division will contact the institution on behalf of the successful candidates. The institution will then forward the information regarding required online registration to bursary recipients.
- Further information on the program is available at <https://www.gov.nl.ca/education/k12/french/bursaries/>

Liability

- It is the responsibility of parents and guardians to assess the suitability of the participant for this program. The Department of Education gives no representation or warranty of any kind as to instruction, activities, accommodation or other services provided to students by Collège Saint-Charles-Garnier. Applicants, parents or guardians shall address inquiries on any such matters to the institution.

For additional information, please contact:

School Trips, Bursaries and Fellowships
Programs and Services Division
Department of Education
P.O. Box 8700, St. John's, NL A1B 4J6

Via email: adventure@gov.nl.ca

<https://www.gov.nl.ca/education/k12/french/bursaries/>

Funding for this program is being made available through the *Canada-Newfoundland and Labrador Agreement on Minority-Language Education and Second Official-Language Instruction.*



APPLICATION FORM

ADVENTURE PROGRAM - SUMMER 2024

Application Deadline: February 16, 2024

APPLICANTS

Section to be completed by applicants

Last name	First Name	Initial	Date of birth YYYY / MM / DD	Gender
Full mailing address (Street or box number, Town, Postal code)			Home Phone	
Student Email			Student Cell Parent Cell	
INSTITUTION: Collège Saint-Charles-Garnier (Quebec)				
DATES: Sunday, June 30, 2024 (Arrival) – Saturday, July 27, 2024 (Departure)				
I attended the 2023 Summer Program in French for Grade 9 Students Yes <input type="checkbox"/> No <input type="checkbox"/>				
*(Note: Please wait to get confirmation from the institution before making airline reservations)				
APPLICANT'S DECLARATION: I declare that all information provided is complete and true. I have read and accept the conditions stated on this form and wish to apply for a bursary. I authorize the release of the above information for administrative purposes only.				
Signature: _____ Date: _____				

PARENTS/GUARDIANS

Section to be completed by a parent or a guardian of the applicant

Name of Parent/Guardian		
Relation to applicant	Email	Phone Cell

I, _____, do certify that I have read the general information on the ADVENTURE Program 2024 and I hereby grant permission for _____ to attend French summer school at Collège Saint-Charles-Garnier, Laval University campus, Quebec City.

Signature: _____ Date: _____

I hereby grant permission for the Programs and Services Division of the Department of Education to release my telephone number and/or email address to other participants in the ADVENTURE Program 2024. (Please note that this is to enable participants to consider travelling together. It will NOT affect an application in any way.)

Signature: _____ Date: _____

SCHOOLS

Section to be completed by principal of school attended by applicant

Name of school	I hereby certify that _____ is a Level I student at this school during the 2023/24 school year.
SEAL OR STAMP If you do not have a seal or stamp, please certify the above student's status on stationery bearing your letterhead.	_____ Signature of principal

**Forward application with appropriate supporting documents as an attachment in
PDF format only via email to: adventure@gov.nl.ca**

Please note: Applications without all required documents will not be processed. Please make sure you have all supporting documents included with your application.

PRIVACY NOTICE

The personal information collected on this form is collected under the authority of subsection 61(c) of the Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015) and is used solely for the purposes of the administration/operation of the *Adventure Program 2024* provided by the Programs and Services Division of the Department of Education. This information is kept confidential and held securely as required by ATIPPA, 2015. If you have any questions about the collection or use of this information, please contact the Policy and Information Management Division of the Department of Education at 709-729-6281.



ADVENTURE PROGRAM 2024

Teacher Recommendation Form

To be completed by an educator who has taught the applicant during the current school year

Note to teacher: This program is designed to accommodate students at different skill levels, from beginners who may not speak any French, to advanced French students who may be relatively at ease in French.

Applicant's name _____

School attended 2023/24 _____

This student is currently enrolled in:

☐ Core French ☐ Early FI ☐ Late FI ☐ No French Courses

I have taught the above-named student in the current school year and feel they are a suitable candidate to participate in a four-week summer course in Quebec. I recommend them as a student who will make the commitment to spend four weeks participating enthusiastically in a program to improve their French language skills and gain a deeper understanding of French-Canadian culture.

Teacher's name _____

Signature of teacher _____

Date _____

***This form must be included with the student application for
ADVENTURE Program 2024.***