



*Federation of Alliances Françaises USA, Inc.  
Founded in 1902*

**PAUL B. AND ODETTE WURZBURGER  
SPECIAL ACHIEVEMENT AWARD  
APPLICATION FORM**

The completed Application form must be received by the Federation's office, on or before **September 1** for an achievement that has taken place between September 1 and August 31, of the previous year. Please note that the application must be typed or word processed; handwritten applications will not be considered. Applications may be sent electronically but a hard copy should also be mailed to the Federation office. No late applications can be accepted!

The recipient of the Award will be announced on October 1 and the Special Achievement Award will be presented to the recipient at the Convention & Annual Meeting.

1. Name of Applicant Member Chapter: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Number of members: \_\_\_\_\_ Year founded: \_\_\_\_\_

Name of person filling out this Application on behalf of the Applicant:

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Is the Application for a Cultural \_\_\_ OR  
Teaching \_\_\_ Program

Date(s) of Program \_\_\_\_\_



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3. Give brief description of Program including original goal and anticipated impact, and whether the Program achieved the goal or impact? How was this achievement measured?

Was Program the result of an individual's action \_\_\_ or of a team effort? \_\_\_

(about 50-100 words each in French or English using additional pages if necessary)

4. Financial: Please give an overview of the Program budget and a summary of the financial results, if any.
5. In a short paragraph, please describe how you consider the Program can benefit/become a resource for other Federation Member Chapters and the Federation as a whole.
6. Please bring to our attention additional information which you consider describes a unique situation or contribution that is not covered by the above and which demands recognition.
7. Please provide materials for the prototype of the Program, which the Applicant Member Chapter consents to be used by the Federation, and its other Member Chapters, in the event this Program is chosen for the Special Achievement Award.

**If this application is selected, you agree to notify the Federation within one year of the date of the Award as to how the funds from the Special Achievement Award were utilized.**

Other than as above set forth in paragraph 7, all information contained in this Application will be treated in full confidentiality.

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Signature

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Date

Return application to:

Federation of Alliances Françaises, USA, Inc.  
One N. LaSalle St, 1350  
Chicago, IL 60602  
Fax: 800.491.6980  
Email: [federation@afusa.org](mailto:federation@afusa.org)