



STUDENT EMERGENCY FUND

Request Form

Attention: Vicky Struthers OR Kellie Brace

Email: vstruthers@hpedsb.on.ca OR kbrace@hpedsb.on.ca



School:	Principal:	
Date:	Office Contact:	
This is an urgent situation : Yes No		
Food	Medical needs	Eyeglasses
Clothing	Transportation	Other (please specify below)
Inclusive Opportunity request for:		Post-Secondary Application fee
Course related enhancements		Other (please specify): _____
Other sources of funds have been exhausted:		Yes No
*If long term support may be necessary, please visit www.211.ca		
Nature of Request: (Please do not list student's full name. For referencing, use initials or grade)		
Amount Requested: \$ (\$250 max. per student)		Requested by:
Principal's Signature: (*Required)		
This form is to be emailed to the attention of Vicky Struthers or Kellie Brace. A REPLY WILL BE SENT TO YOU BY EMAIL.		