



# STUDENT EMERGENCY FUND

2024-25

## Request Form

Attention: Kellie Brace E-mail: [kbrace@hpelf.ca](mailto:kbrace@hpelf.ca)

For Admin use only:  
SEF #

<b>School:</b>	<b>Request submitted by:</b>
<b>Date:</b>	<b>Email:</b>
Is this an <b>urgent situation?</b> :      Yes      No	
<b>*Please visit <a href="http://www.211.ca">www.211.ca</a> to investigate other resources that may be available before proceeding.</b>	
Have all other sources of funds been exhausted:      Yes      No (Please describe)	
How many students from your school will this request impact?	
<b>Request details:</b>	
Food	Medical needs
Eyeglasses	Clothing
	Emergency Transportation
	Post-Secondary Application
Other one-time immediate need (please describe): _____	
Other than food, please provide a specific description of items being requested.	
<b>Rational for request:</b> Please provide details of rational for this request. For example: Why does this request qualify as an emergency? What would happen if this request were declined? Has the student/family been connected with other resources?	
<b>Amount Requested for food: \$</b> (maximum \$250 per request)	<b>Principal:      Name:</b>
<b>Amount Requests for other items: \$</b> (based on actual cost of item requested)	<b>                                 Email:</b>
	<b>Office Contact: Name:</b>
	<b>                                 Email:</b>
<b>Principal's Signature:</b> (*Required)	
Please email this form to the attention of Kellie Brace at <a href="mailto:kbrace@hpelf.ca">kbrace@hpelf.ca</a> . A reply will be sent to you by email.	