# STUDENT EMERGENCY FUND

2025‐26

# Request Form

Attention: Kerri Cooper E‐mail: kcooper@hpelf.ca

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| **School:** | **Request submitted by:** |
| **Date:** | **Email:** |
| Is this an **urgent situation?**: Yes No**\*Please visit** [**www.211.ca to investigate other resources that may be available before proceeding.**](http://www.211.catoinvestigateotherresourcesthatmaybeavailablebeforeproceeding/) |
| Have all other sources of funds been exhausted: Yes No(Please describe) |
| **How many students from your school will this request impact?** |
| **Request details:**Food **($250 max)** Medical needs Emergency Transportation Clothing/Boots Eyeglasses Post‐Secondary ApplicationOther one‐time immediate need (please describe): Other than food, please provide a specific description of items being requested. |
| **Rational for request:** 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?** |
| **Amount Requested for food: $****(maximum $250 per request)****Amount Requests for other items: $****(based on actual cost of item requested)** | **Principal: Name: Email:****Office Contact: Name:****Email:** |
| **Principal’s Signature:**(\*Required) |
| Please email this form to the attention of Kerri Cooper at **kcooper@hpelf.ca.**We aim to reply via email within 2 business days. |