# STUDENT EMERGENCY FUND

2025‐26

# Request Form

Attention: Kerri Cooper E‐mail: [kcooper@hpelf.ca](mailto: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 Application  Other 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.**](mailto:kcooper@hpelf.ca)  We aim to reply via email within 2 business days. | |