STUDENT EMERGENCY FUND
Request Form

2026-27

Attention: Vicky Struthers E-mail: vstruthers@hpelf.ca

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.**

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/student 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 **Vicky Struthers at vstruthers@hpelf.ca.**
We aim to reply via email within 2 business days.