

## Helping Hands Fund

## **Final Report**

As per the guidelines for requesting funds from the Helping Hands Fund, we are asking you to complete the following form. Please note that copies of receipts and/or supporting materials must be attached.

| School:   | Principal:         |
|---|--------------------|
| Date Allocation Approved: Brief Description of the Original Request:  | Amount of Funding: |
| Type of Expenditure   | Amount             |
| Total:  Describe the impact of this program/funding on the student (s):   |                    |
| Please provide any comments/reflections/quotes made by the student (s) receiving this funding *   |                    |
|   |                    |
|   |                    |
| Attach any other materials (e.g. Thank you notes, pictures) that you or the student (s) would like to share with                        |                    |
| The Edmonton Catholic Schools Foundation and send to 9405 50 Street NW, Edmonton AB, T6B 2T4 or e-mail anne.henriksen@ecsfoundation.ca. |                    |
| Principal Signature:  | Date:              |

\*The testimony may be used in future Foundation marketing/fundraising efforts. Student confidentiality/privacy will be honoured. All District regulations and provincial Freedom of Information and Privacy Legislation (FOIP) in the use of the recipients' narrative, and/or photos/videos shall be respected. Please ensure that your submission is FOIP appropriate.