

Granny Rose Hurov Education Fund Application Form

Complete all areas below. Please print or use a computer.

Email this application and a copy of your completed and previously sent program application and acceptance/registration to drvaleriegrossman@gmail.com (State Subject as: Granny Education Grant) or **Snail mail** to Health Reach Canada Inc., 124 Canterville Road, Calgary, AB, T2W 4R3, at least **eight** weeks prior to course start.

If your application is approved monies will be directed to the school on your behalf. Up to **four** grants of \$500 are awarded yearly. You will be contacted in writing by email regarding your application status. When a grant is approved you will be contacted at least **two weeks** prior to the program to ensure you will attend prior to fund provision.

Date
Name
Address
Contact Information: Phone #
Email
chool Application made to:
Program Accepted in:
Program Start Date: Program End Date:
Program Cost: Program Contact Person:
Email:
Phone:

Reason Program is being taken in order to ... (explain the outcome you want)

program outcomes.	
Date:	
Name (Print):	
Signature:	

All information provided in this document is true. Should I be awarded a grant I will attend the course stated in this application. I agree to provide Health Reach Canada Inc. with