# HR Health Reach Canada Inc. <br> "Helping people help themselves" <br> 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 $\qquad$
Name $\qquad$
Address $\qquad$
Contact Information: Phone \# $\qquad$
Email $\qquad$
School Application made to: $\qquad$
Program Accepted in: $\qquad$
Program Start Date: $\qquad$ Program End Date: $\qquad$
Program Cost: $\qquad$ Program Contact Person: $\qquad$
Email: $\qquad$
Phone: $\qquad$

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

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 program outcomes.

Date: $\qquad$

Name (Print): $\qquad$

Signature:

