



THE JOHN HASSELFIELD ENDOWMENT FOUNDATION

NAME:

ADDRESS:

CITY/PROVINCE:

POSTAL CODE:

E-MAIL:

DATE OF BIRTH:

D

M

Y

PHONE# to contact you:

SCHOOL NAME:

SCHOOL PHONE #:

PLEASE MAIL or EMAIL YOUR:

- APPLICATION FORM
- LETTER OF REFERENCE
- ESSAY

Note: a maximum of \$350 can be applied for.

FUNDING AMOUNT REQUESTED
\$

The Foundation may at its discretion offer less than the amount applied for.

**MAIL TO: Attention: MR. DON ELSE, President & Director
John Hasselfield Endowment Foundation
2217 - 6th Avenue N.W.,
Calgary, Alberta, T2N 0X1**

EMAIL TO: jhefoundation@gmail.com

LATE APPLICATIONS WILL NOT BE CONSIDERED.

Parent / Guardian Signature
required by all applicants: _____

Directors Notes: