

GHLP General Partner Inc.

Prowind Inc. 201-F 12 James St. N Hamilton, ON L8R 2J9 Canada Phone: 905 538 1747 Fax: 866 203 6516 contact@prowind.com www.prowind.com

Application Form for the Gunn's Hill Wind Farm Renewable Energy Educational Bursary for Indigenous Students

The Gunn's Hill Wind Farm Renewable Energy Educational Bursary for Indigenous Students was created through the development of the Gunn's Hill Wind Farm, which was constructed and is operated by a joint partnership between Prowind Inc., the Six Nations of the Grand River Development Corporation, and the Oxford Community Energy Co-operative.

Please attach this completed form to the required documentation for consideration for the Gunn's Hill Wind Farm Renewable Energy Educational Bursary for Indigenous Students. A completed application package should be submitted by email, fax or mail to the address listed below:

Attention: Carr Villabroza Prowind Inc. 201-F 12 James St. N Hamilton, ON L8R 2J9 Phone: 905-528-1747 Ext. 200

Fax: 866-203-6516

E-mail: cvillabroza@prowind.com
Website: www.prowind.com

Application Criteria:

- 1) Indigenous person living in Ontario
- 2) Registered in post-secondary education or job training that is related to renewable energy or related field (submit program details and proof of registration).
- 3) Completed Application Form
- 4) Submit a short essay (1-2 pages) explaining how your education or training can be applied to the renewable energy industry and how this bursary will be applied to that education, including a brief summary of the costs to be covered by this bursary.



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Personal Information			
Legal Name in Full			
Home Address			
City			
Postal Code			
E-mail			
Phone Number			
Note: Notification of bursary award will b appropriate addresses above to accommo	e sent via email and bursary cheque will be sent via mail. Please include the odate this.		
Self-Declaration of Indigenous Status * (circle one): YES NO *Indigenous Status encompasses those with First Nations, Métis, and/or Inuit backgrounds.			
Academic Information			
Program/Job Traini Enrolled			
Institution/Employ	ver		
Length of Program/Traini	ng		
Length of Program/Traini Complet			



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Applicant's Required Declaration

tr sh	ue and complete to the best o	on included in this Application Package if my knowledge and I understand thate incomplete or inaccurate, bursary fundwn.
Applican	t's Signature	Date
Applica	ant's Optional Declaration	
ac ar	cademic program or job training r	hat my name and information about my may be included in promotional material n association with this bursary, including ilable to the public.
 Applican	ut's Signature	 Date





