



Gunn's Hill LP

Prowind Inc.
202-12 James St. N
Hamilton, ON L8R 2J9
Canada

Phone: 905 528 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 Members of the Six Nations of the Grand River

The Gunn's Hill Wind Farm Renewable Energy Educational Bursary for Members of the Six Nations of the Grand River 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 Members of the Six Nations of the Grand River. 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) Member of the Six Nations of the Grand River (submit proof of affiliation)
- 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 be sent via email and bursary cheque will be sent via mail. Please include the appropriate addresses above to accommodate 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 Training
Enrolled In*

Institution/Employer

Length of Program/Training

*Length of Program/Training
Completed*



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Applicant's Required Declaration

- ☐ I hereby declare that all information included in this Application Package is true and complete to the best of my knowledge and I understand that should any information included be incomplete or inaccurate, bursary funds may be reassessed and/or withdrawn.

Applicant's Signature

Date

Applicant's Optional Declaration

- ☐ I hereby acknowledge and agree that my name and information about my academic program or job training may be included in promotional materials and/or communications sent out in association with this bursary, including newsletters that may be made available to the public.

Applicant's Signature

Date

