

Purpose: _____

11. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, federal, state or local governmental aid, etc.)? Yes _____
No _____

If yes, please list:

12. Are you a customer of High Plains Power, Inc.? _____

13. Please list three references. (Do not include Director or Employee of High Plains Power, Inc. or Foundation Board.)

_____	_____	_____	_____
Name		Phone	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Name		Phone	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Name		Phone	
_____	_____	_____	_____
Address	City	State	Zip

The information contained in this statement is for the purpose of obtaining funding from the High Plains Power Round Up Foundation on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the High Plains Power Round Up Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The High Plains Power Round Up Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of Applicant/Recipient

Signature of Spouse

Date