

MADD Canada Bursary Program

MADD Canada is a national charitable organization committed to stopping impaired driving and supporting victims of this violent crime.

One (1) bursary of \$10,000 will be awarded to the applicant with the highest score in honour of Louise Joanne Twerdy (see further details below). Additional bursaries in the amount of \$5,000 may also be awarded.

PLEASE READ THE CRITERIA CAREFULLY BEFORE APPLYING

<u>**Criteria</u>**: MADD Canada's Bursary Program is open to Canadian citizens who have themselves been severely injured or who have had a parent (or legal guardian) or sibling killed or severely injured as a result of an impaired driving crash and who are enrolled in a full-time, ministry-approved, post-secondary educational program for the upcoming academic year. Injuries must be catastrophic or severe and have had a significant impact on the applicants' lives. Proof of injury and relation to impaired driving will be required. Successful applicants may not reapply in subsequent years.</u>

The Louise Joanne Twerdy Leadership Bursary \$10,000

Louise Joanne Twerdy (July 26, 1967 - October 11, 2014) was a compassionate voice for victims/survivors of impaired driving and a powerful leader whose determination was instrumental in legislative changes that improved Canada's impaired driving laws, police enforcement powers and the judicial system. She came to MADD Canada after her 16-year old son, Mike, was killed by an impaired driver in 1999. In the years following Mike's death, both Louise and her other son, Erik, were injured in separate impaired driving crashes. In 2000, Louise led the establishment of the MADD St. Paul Chapter in Alberta and in 2001 she was elected National President of MADD Canada. After her term as President, Louise took on the role of MADD Canada Chapter Services Manager – Western Region. She supported existing MADD Canada Chapters and Community Leaders, built MADD Canada's presence in new communities, promoted legislative and enforcement initiatives, and, most importantly, ensured that victims/survivors of impaired driving received the support they needed. The Louise Joanne Twerdy Leadership Bursary in the amount of \$10,000 will be awarded to one student each year who aspires to have the same leadership, dedication and compassion that Louise Twerdy exhibited throughout her lifetime. Additional bursaries of \$5,000 may also be awarded each year.

If you have any questions about eligibility or what information is required, please contact Steve Sullivan at <u>ssullivan@madd.ca</u> or (866)876-5224.

Deadline to apply: May 31st of each calendar year

Your application must be received at the following address no later than May 31 Send to: MADD Canada Bursary Program PO Box 45531 Chapman Mills, Ottawa, ON K2J 0P9 Phone: (613) 843-8877 or toll free (866)876-5224 Fax: (905) 829-8860 E-mail: <u>ssullivan@madd.ca</u> Website: <u>www.madd.ca</u>



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APPLICATION REQUIREMENTS CHECK LIST

Complete sections 1 through 6 of the application.

- Provide supporting documentation clearly indicating that the crash was a result of impaired driving. (Samples of documentation: coroner's report, police report, newspaper clippings, letter from police, crown, lawyer, or other community leader or first responder who is familiar with the events of the crash, etc.)
- □ If you are applying because you or a parent, legal guardian or sibling suffered a severe or catastrophic injury as a result of an impaired driving crash that has impacted your family's life, please provide evidence of the injury. (Samples of documentation: medical records, letter from a doctor, letter from insurance company or lawyer, letter from an employer/school, or letter from a non-family caregiver.)
- □ If your last name is different from the immediate family member who was killed or injured, please provide proof of the relationship. (*Proof can be in the form of a birth certificate, news article naming you as the child/sibling of the deceased, or a letter from a community professional who is familiar with your family. The community professional can be a police officer, clergy, accountant, doctor or lawyer and the letter should be written on their letterhead.*)
- Provide a statement (maximum 2 pages) of the impact this event has had on you and your family.
- Enclose the most up-to-date transcript of your school grades. You may also include past transcripts if you wish.
- □ Sign and date your application.

MADD Canada Bursary applications are reviewed by a selection committee comprised of MADD Canada National Board of Directors, community professionals and youth who are involved with MADD Canada. The selection committee rates the applications based on the impact of the death or injury on the applicant and their family, academic performance, financial need, long term plans and goals, school and community activities and volunteerism. **Students who have received a bursary in previous years may not re-apply.**

Applicants will be notified on or before August 31 as to the decision of the selection committee. Successful applicants will be required to provide proof of enrollment for the upcoming academic year and a Social Insurance Number (SIN) for Canada Revenue Agency purposes.

Your application must be received at the following address no later than May 31 Send to: MADD Canada Bursary Program PO Box 45531 Chapman Mills, Ottawa, ON. K2J 0P9 Phone: (613)843-8877 or toll free (866) 876-5224 Fax: (905) 829-8860 E-mail: ssullivan@madd.ca Website: <u>www.madd.ca</u>



PART 1 – IDENTIFYING II	NFORMATION				
Last Name:	First:	Middle:			
Date of Birth (MM/DD/YYYY)					
Have you ever been charged v Yes 🗖 No 🗖	vith impaired driving or been sand	ctioned under a Provincial Highway Traf	ffic Act?		
Mailing Address/ Street:					
City:	Province:	Postal Code			
Home Phone: (Cell Phone: (E-mail:			
PART 2 – FAMILY IMPAC					
Name of immediate family me driving crash or check "Self" b 		dian, or sibling) killed or injured in an im	npaired		
Date of Death/Injury (MM/DD)/YYYY):				
How is this person related to y	/ou? Mother 🗖 Father 🗖 Legal	Guardian 🗖 Brother 🗖 Sister 🗖 Sel	f 🗖		
the relationship. (Proof can be deceased, or a letter from a co	e in the form of a birth certificate, ommunity professional who is fam	er who was killed or injured, please pro- news article naming you as the child/si niliar with your family. The community p the letter should be written on their let	ibling of the professional		
DRIVING. Samples of docume	entation: coroner's report, police i	ORT THAT THE CRASH WAS A RESULT O report, newspaper clippings, letter from o is familiar with the events of the crash	n police,		
PROOF OF INJURY. Samples of		AS A RESULT OF THE CRASH, PLEASE PF s, letter from a doctor, letter from insur om a non-family caregiver.			
PLEASE ENCLOSE A STATEMENT (maximum 2 pages) DESCRIBING THE IMPACT THIS EVENT HAS HAD ON YOU AND YOUR FAMILY. Please include information about the emotional, physical and financial impact upon your family.					
Have you or your family had a	ny contact with a MADD Canada (Chapter or Community Leader? Yes 🗖	No 🗖		
If Yes, which Chapter or Comn	nunity Leader:				
If No, would you like to receiv	e information about MADD Canac	da Victim Support Services? Yes 🗖 No			

madd^{*}

PART 3 – EDUCATION INFORMATION					
Name of current or last scho	ol / institution:				
School Mailing Address / Str	eet:				
City:	Prov	ince:	Postal Code:		
School Contact Person Name School contact person listed	e: must be a teacher, guidc	Ph	one: () or a Dean of a university.		
School Fax #: (E-mail:				
Full-time Education Program	ı(s) Applied For:				
	Location	Program	Tuition		
PLEASE ENCLOSE THE MOST PAST TRANSCRIPTS IF YOU I		PT OF YOUR SCHOOL GF	ADES. YOU MAY ALSO PROVI	DE	
PART 4 – FINANCIAL NE	CED				
How will your tuition be paid	1? Please check all that a	apply.			
Part-time employment 🗖	Student Loan 🗖 🛛 Parer	nt / Family Member 🗖			
Other 🗖					
Please describe					
List Current/Previous Employ	yment:				
Do you anticipate receiving or have you applied for other scholarships? Yes 🗖 No 🗖					
If yes, please indicate below the amount, when and from where:					
Where will you live while at	school and what is the di	istance you will need to	travel each day?		
Home 🗖 School Residence	e 🗖 Shared Accommod	dation with other studen	ts 🗖 My own apartment/hom	ne 🗖	
Other 🗖 Please explain:					
Distance you will travel each	day to school:	km.			
If you are injured, do you red	quire any special assistan	nce/equipment in order f	or you to attend classes or stud	y? If	
yes please list:					



PART 5 – SCHOOL/COMMUNITY INVOLVEMENT AND LONG TERM GOALS					
List up to three activities (excluding volunteerism) that you ha community:	ive recently taken part in at	school or in the			
1)	Dates: From	to			
2)					
3)					
Describe the importance of these activities in your life: -					
ist up to three volunteering activities that you have taken pa	rt in at school or in the com	imunity:			
1)	Dates: From	to			
2)	Dates: From	to			
;)	Dates: From	to			
Describe the importance of these activities in your life: -					
Other activities, hobbies, personal interests:					
Describe your long-term plans and career goals:					
PART 6 – AUTHORIZATION authorize the release to the selection committee any inform university and post-secondary officials and others, including transcripts. I understand that this material can be kept confi might have by law. I understand that if I am selected for a B for the purposes of publicity.	but not limited to persona dential from me. I waive a	l evaluations and ny right of access that I			

Signature