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 $8,000 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 $4,000 may also be awarded.

PLEASE READ THE CRITERIA CAREFULLY BEFORE APPLYING

Criteria: 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. 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.

The Louise Joanne Twerdy Leadership Bursary
$8,000

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 $8,000 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 $4,000 may also be awarded each year.

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
500 – 2010 Winston Park Drive, Oakville, ON L6H 5R7
Phone: (905) 829-8805 or toll free (800) 665-6233
Fax: (905) 829-8860  E-mail: info@madd.ca  Website: www.madd.ca
MADD Canada Bursary Program

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.

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ELIGIBLE AND WILL BE RETURNED TO THE APPLICANT

Your application must be received at the following address no later than May 31
Send to: MADD Canada Bursary Program
500 – 2010 Winston Park Drive, Oakville, ON L6H 5R7
Phone: (905) 829-8805 or toll free (800) 665-6233
Fax: (905) 829-8860  E-mail: info@madd.ca  Website: www.madd.ca
PART 1 – IDENTIFYING INFORMATION

Last Name: ____________________________First: ___________________ Middle: ______________

Date of Birth (MM/DD/YYYY) ________________________________

Have you ever been charged with impaired driving?  Yes ☐ No ☐

Mailing Address/ Street:

____________________________________________________________________________

City: ______________________________ Province: ______________ Postal Code_____________________

Home Phone: (_ ) ___________ Cell Phone: (_ ) ___________ E-mail: ____________________________

PART 2 – FAMILY IMPACT

Name of immediate family member (mother, father, legal guardian, or sibling) killed or injured in an impaired driving crash or check “Self” below:

____________________________________________________________________________

Date of Death/Injury (MM/DD/YYYY): ________________________________

How is this person related to you?  Mother ☐  Father ☐  Legal Guardian ☐  Brother ☐  Sister ☐  Self ☐

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.)

ALL APPLICANTS MUST PROVIDE DOCUMENTATION TO SUPPORT THAT THE CRASH WAS A RESULT OF IMPAIRED DRIVING.  Samples of documentation:  coroner’s report, police report, newspaper clippings, letter from police, lawyer, crown or other community leader or first responder who is familiar with the events of the crash, etc.

IF YOU OR YOUR IMMEDIATE FAMILY MEMBER ARE INJURED AS A RESULT OF THE CRASH, PLEASE PROVIDE PROOF OF 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.

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 any contact with a MADD Canada Chapter or Community Leader?  Yes ☐ No ☐

If Yes, which Chapter or Community Leader: ________________________________

If No, would you like to receive information about MADD Canada Victim Support Services?  Yes ☐ No ☐
PART 3 – EDUCATION INFORMATION

Name of current or last school / institution: ____________________________________________

School Mailing Address / Street: ______________________________________________________

City: ___________________________ Province: ___________________ Postal Code: ____________

School Contact Person Name: ___________________________________________ Phone: (    ) ____________

School contact person listed must be a teacher, guidance counselor, principal, or a Dean of a university.

School Fax #: (    ) ____________ E-mail: ____________________________________________

Full-time Education Program(s) Applied For:

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<tr>
<th>School / Institution</th>
<th>Location</th>
<th>Program</th>
<th>Tuition</th>
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PLEASE ENCLOSE THE MOST UP-TO-DATE TRANSCRIPT OF YOUR SCHOOL GRADES. YOU MAY ALSO PROVIDE PAST TRANSCRIPTS IF YOU DESIRE.

PART 4 – FINANCIAL NEED

How will your tuition be paid? Please check all that apply.

Part-time employment ☐  Student Loan ☐  Parent / Family Member ☐

Other ☐  Please describe: ____________________________________________________________

List Current/Previous Employment: ___________________________________________________

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 distance you will need to travel each day?

Home ☐  School Residence ☐  Shared Accommodation with other students ☐  My own apartment/home ☐

Other ☐  Please explain: ______________________________________________________________

Distance you will travel each day to school: _________________km.

If you are injured, do you require any special assistance/equipment in order for you to attend classes or study? If yes please list: ________________________________________________________________
PART 5 – SCHOOL/COMMUNITY INVOLVEMENT AND LONG TERM GOALS

List up to three activities (excluding volunteerism) that you have recently taken part in at school or in the community:

1) ___________________________________________ Dates: From ____________ to ____________
2) ___________________________________________ Dates: From ____________ to ____________
3) ___________________________________________ Dates: From ____________ to ____________

Describe the importance of these activities in your life:

- _____________________________________________________________________________
- _____________________________________________________________________________
- _____________________________________________________________________________

List up to three volunteering activities that you have taken part in at school or in the community:

1) ___________________________________________ Dates: From ____________ to ____________
2) ___________________________________________ Dates: From ____________ to ____________
3) ___________________________________________ 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

I authorize the release to the selection committee any information held or to be held by secondary schools, university and post-secondary officials and others, including but not limited to personal evaluations and transcripts. I understand that this material can be kept confidential from me. I waive any right of access that I might have by law. I understand that if I am selected for a Bursary, this material may be used by MADD Canada for the purposes of publicity.

_____________________________ __________________________
Signature Date