



## **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**

**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 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.

### ***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 [ssullivan@madd.ca](mailto:ssullivan@madd.ca) or 1-800-665-6233 ext. 224.

**Deadline to apply: May 31<sup>st</sup> of each calendar year**

**Your application must be received via email, fax or at the following address no later than May 31**

**MADD Canada Bursary Program**

**2010 Winston Park Drive, Suite 500, Oakville, ON L6H 5R7**

**Fax: (905) 829-8860 E-mail: [ssullivan@madd.ca](mailto:ssullivan@madd.ca) Website: [www.madd.ca](http://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. 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**

**2010 Winston Park Drive, Suite 500, Oakville, ON L6H 5R7**

**Fax: (905) 829-8860 E-mail: [ssullivan@madd.ca](mailto:ssullivan@madd.ca) Website: [www.madd.ca](http://www.madd.ca)**

**Phone: 1-800-665-6233 ext. 224**

**PART 1 – IDENTIFYING INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Have you ever been charged with impaired driving or been sanctioned under a Provincial Highway Traffic Act?  
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:

School / Institution	Location	Program	Tuition

**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: -

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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: -

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Other activities, hobbies, personal interests: \_\_\_\_\_

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Describe your long-term plans and career goals:

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**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 \_\_\_\_\_