



MADD

Mothers Against Drunk Driving™
Les mères contre l'alcool au volant™

**MADD Upper Fraser Valley
Bursaries**

**\$200.00 will be awarded to a qualifying
student!**

Deadline to apply: April 30, 2010

IDENTIFYING INFORMATION - PLEASE PRINT CLEARLY

Last Name: _____ First: _____ Middle: _____ Call Name: _____

MADD Chapter nearest applicant: _____ If none check here

Chapter addresses can be found at www.madd.ca - Chapter Directory

Date of Birth [M/D/Y]: _____

Mailing Address/ Street: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: (____) _____ Fax Number: (____) _____ E-mail: _____

Have you ever been charged with an impaired driving offense? Yes No

FAMILY INFORMATION

Has your family had any contact with a MADD Chapter? Yes No

Name of Parent/ Primary Caregiver killed in an impaired driving crash: _____

Date of Death: _____

Accompanying documentation: _____

(Please list)

**Please attach a letter (maximum two pages) describing the impact this event has had on you and your family.
(for example, financial, emotional and physical impact)**

Father or Guardian: _____ Mother or Guardian: _____

Full Name: _____ Full Name: _____

Address: _____ Address: _____

Postal Code: _____ Postal Code: _____

Occupation: _____ Occupation: _____

Home Telephone: _____ Home Telephone: _____

If you have any siblings please indicate: _____

EDUCATION RECORD

Name of current high school/institution attending: _____

School Mailing Address: _____ City: _____ Province: _____ Postal Code: _____

School Contact Person: _____ Telephone: (____) _____ School Fax: (____) _____

