

EVANS' TWINS MEMORIAL GRANT APPLICATION FORM - INFORMATION

Background Information

Jenilee and Jillian were born eleven minutes apart at the Regina General Hospital, September 13, 1984. At 21 years of age, on December 30, 2005 their lives ended because of a collision involving impaired driving. They passed away at the Regina General Hospital within 10 minutes of each other.

After this tragic incident SADD was the recipient of numerous donations in memory of the twins. Mr Evans' co-workers at IPSCO donated over \$18,000 in memory of the twins. The SADD Board of Directors, with the support of the Evans' family have agreed that the best way to honour the twins' memory is to set up the Evans' Twins Memorial Grant

About The Grant

Please be sure to fill out all sections on this form.

- The grant limit will be \$500 per project
- 5 Grants of \$500 will be awarded annually to Chapters as chosen by the Board of Directors
- The Grant deadline will be September 30th each year for Chapters to submit application forms. The forms will be sent to all Chapters and posted on our website
- Chapter submissions must include projects that involve their local communities, a public awareness component regarding drinking and driving, and recognition of SADD Saskatchewan/Evans' Twins Memorial Grants as the source of the grant funds.
- The 5 Grants for \$500 each will be awarded to the winning Chapters at the SADD Saskatchewan Provincial Conference Banquet or Annual Meeting each year.
- Application deadline for the grant is September 30th

Application Process

Please mail this application form to the SADD Saskatchewan Provincial Office:

**SADD SASKATCHEWAN
ATTN: EVANS TWINS MEMORIAL GRANT APPLICATION
4141 25th Avenue
Regina, SK S4S 6S8**

Or fax this form to (306) 757-5569

RE: EVANS TWINS MEMORIAL GRANT APPLICATION

EVANS' TWINS MEMORIAL GRANT APPLICATION FORM

Please fill out all sections of this form.

Name of person submitting application: _____
Your chapter President: _____
Your chapter Advisor: _____
Your chapter email address: _____

Your school address:

What will the grant be used for?

Please be as detailed as possible and use additional paper if needed

Please have your chapter executive members and advisor sign below:

Please sign here:

Advisor:	_____
Executive Member:	_____
Position: _____	_____
Executive Member:	_____
Position: _____	_____
Executive Member:	_____
Position: _____	_____
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