

## EVANS TWINS MEMORIAL GRANT APPLICATION

### **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. This form can also be submitted to the SADD provincial office online at <http://www.saddsask.ca/grants.php>

- 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 Process**

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

SADD SASKATCHEWAN  
ATTN: EVANS TWINS MEMORIAL GRANT APPLICATION  
1870 Lorne St  
Regina, SK S4P 2L7

Or fax this form to (306) 757-5569

RE: EVANS TWINS MEMORIAL GRANT APPLICATION

EVANS TWINS MEMORIAL GRANT APPLICATION

*Please fill out all sections of this application form. This will aid in quicker processing.*

|  |  |
|--|--|
| 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:<br><i>Please be as detailed as possible</i> |  |

**Please have your chapter executive members and advisor sign below:**

|                   |                                 |
|-------------------|---------------------------------|
|                   | <u><i>Please sign here:</i></u> |
| Advisor:          | _____                           |
| Executive Member: | _____                           |
| Position: _____   | _____                           |
| Executive Member: | _____                           |
| Position: _____   | _____                           |
| Executive Member: | _____                           |
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