

**L.A.D.D. – Laredoans Against Drunk Driving**  
**[www.supportladd.weebly.com](http://www.supportladd.weebly.com) or email: [contactladd@gmail.com](mailto:contactladd@gmail.com)**  
**956-740-3233**

March 4, 2024

LADD is seeking students who may qualify for our educational scholarships.

As a background, LADD is a non-profit organization that was recently founded to promote and raise awareness of the dangers of drunk driving. This organization was founded by my family and I in memory of my son Derek R. Trevino who was a victim of a drunk driver in Nov. 2011. My son passed away on Thanksgiving Day November 24, 2011.

Scholarships are awarded to students whose parents, brother, sister, or themselves have been a victim of a drunk driver. Relationship must be of immediate family members only. However, on a case by case basis, LADD will consider other students applying for scholarships. Please see attached application for requirements.

Students, fill out the attached application and provide proof of being a victim, either yourself, or immediate family members.

Deadline to submit applications: Ongoing

Please scan and email the application along with the proof to our email address: [contactladd@gmail.com](mailto:contactladd@gmail.com)

If you need more information please call me at 956-740-3233. Thank you.

Sincerely,

Elizabeth Alonzo-Villarreal  
Founder/President

SCHOLARSHIP APPLICATION

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Current school attending: \_\_\_\_\_

Current Grade: \_\_\_\_\_ High School Graduation date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(Why does LADD need your social security number?) For tax reporting purposes and identification at college or university.

What College or University are you enrolled with? \_\_\_\_\_ Please provide proof.

City and State: \_\_\_\_\_

Proposed Degree Plan? \_\_\_\_\_

- 1. Are you a victim of a drunk driver? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Are you a family member of a victim of a drunk driver? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, how are you related to the victim? \_\_\_\_\_
- 3. If you answered Yes to questions 1 or 2 please explain how you or a family member is a victim? Please provide proof e.g. newspaper clippings, legal documents, proof that you or a family member is a victim of a drunk driver.
- 4. Has your case been presented in court? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5. If Yes to question 4; what was the outcome?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If you are not a victim please submit a 500 word report with research information as to how many victims of DWI your county area has experienced for the last five years. Also include your personal pledge as to how you will promote safe driving especially pertaining to Driving while Intoxicated.

In addition, provide three recommendations on how LADD can improve messaging to the public but explain each recommendation in detail.

\_\_\_\_\_

By signing this application, you acknowledge that all information is true and correct. If you are approved a Scholarship, award will be payable to the college or university of your choice on your behalf.

X \_\_\_\_\_

Signature

Date: \_\_\_\_\_