

L.A.D.D. – Laredoans Against Drunk Driving
www.supportladd.weebly.com or email: contactladd@gmail.com
956-740-3233

April 7, 2014

Dear School Counselors:

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. Please see attached application for requirements.

Please have students fill out the attached application. Students must provide proof of being a victim, either themselves or their immediate family members.

Deadline to submit applications for review is May 1, 2015.

Please scan and email the application along with the proof to our email address: 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 will you be attending during Fall 2015:

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. Any Additional Comments: (Use back of page for more comments)

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: _____