



Second Chance Deliverance & Restoration Ministries, Inc.  
“A Second Chance” Scholarship  
Financial Assistance/Need-Based Stipend Award Criteria  
**CRITERIA**

Second Chance Deliverance & Restoration Ministries, Inc. is accepting applications for a Financial Assistance/Need-Based Stipend. The stipend will be awarded for the 2026-2027 school year.

**Award Criteria:**

- Must be a student enrolled or first-time student accepted at an accredited college or university
- Must have a Grade Point Average of 2.5 and above
- Must be involved in school and community activities
- Must be able to attend the Love of Music Gala on June 13, 2026 at 5:00 p.m. on the campus of Alabama A&M University in the Ernest Knight Reception Center
- Must complete the scholarship application

**Essay Criteria:**

Must submit a 200 word essay addressing the following questions:

1. What is your future goal?
2. How will this scholarship assist you in accomplishing your goal?

**Application Procedures:**

- Complete the financial assistance/need-based stipend application
- Write a 200 word essay that follows the aforementioned criteria
- If you have been accepted as a first-time student to attend an accredited college or university, please include a copy of acceptance letter
- Request a copy of your official transcript to be sent to: Second Chance Deliverance & Restoration Ministries, Inc., P.O. Box 17591, Huntsville, AL 35810
- Submit the complete scholarship application package (i.e. application, essay, official transcript, and a copy of acceptance letter, if applicable), and mail to the address listed below:

Second Chance Deliverance & Restoration Ministries, Inc.

P.O. Box 17591

Huntsville, AL 35810

All book stipend applications must be postmarked no later than May 15, 2026. For additional information, please contact Mrs. Donna Robinson at [dbonerobinson@yahoo.com](mailto:dbonerobinson@yahoo.com).



Email Address Parent or Guardian \_\_\_\_\_

What is the family income? \_\_\_\_\_

Father's occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

Mother's occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

Guardian's occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

List number of dependent children in family (including applicant) \_\_\_\_\_ Age \_\_\_\_\_

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I certify that the above statements are true and accurate to the best of my knowledge.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_