



SECOND CHANCE DELIVERANCE & RESTORATION MINISTRIES, INC.

“A Second Chance” Scholarship Application  
Financial Assistance/Need-Based Stipend

Application Type: {Please check one}      ( ) Continuous      ( ) First-Time

**To be completed by the applicant (please type or print)**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Gender: ( ) Male/( ) Female Date of Birth: \_\_\_\_\_

Please check one: ( ) I am currently enrolled at \_\_\_\_\_

( ) I have been accepted at \_\_\_\_\_

Name of current high school, college or university (if applicable) \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List school, church, community activities in which you participate:

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

List leadership positions held in high school, college, church or community organizations:

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

Name of parents/guardians \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) ( ) \_\_\_\_\_ (work) ( ) \_\_\_\_\_

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

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 \_\_\_\_\_