



SECOND CHANCE FOUNDATION

GRANT FOR SUCCESSFUL DRUG AND/OR ALCOHOL REHAB

Purpose of Fund: To assist individuals who have struggled with drug and/or alcohol addiction who express a commitment to abstinence from addictive lifestyles. The committee understands many times an addiction to drugs and/or alcohol can deplete one's resources and leave them homeless. The funds are intended to give qualifying individuals a second chance in life. The scholarship is to facilitate reduced stress during the initial transition into society-free of addictive lifestyles.

Scholarship Details and Eligibility:

- Maximum amount per candidate - \$2,500.00
- Recommended use of funds:
 - Down payment on a vehicle – Maximum amount for this \$1,500
 - Liability insurance for car for a few months
 - First month's rent
 - College Tuition

To be considered for application, a candidate must be completing an approved Drug and/or Alcohol treatment program, and must be recommended by his or her counselor/social worker.

Process:

- Applicant must complete application and submit to the Second Chance Foundation by email at gainordavis@hchfamarillo.org or mail to HCHF, 1732 Hagy Blvd., Amarillo, TX 79106.
- A board member will reach out to the applicant via phone. The committee will review the application at their monthly board meeting. A majority vote to approve the application must be obtained.
- Once an application is approved, the candidate will be notified and payment details will be discussed. Second Chance will not reimburse applicants. All payments will be made to the appropriate business.



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APPLICATION

Date: _____

Applicant's name: _____

Address & Telephone #: _____

Applicant's DOB: _____

Gender: m / f

Referring organization: _____

Organization Contact Information (Name/Phone/Email):

Please provide a brief history of the applicant's addiction, treatment, and/or recovery.

Has the applicant received professional recovery treatment? Y/N

If Yes, when/where did he/she receive care?

Did he/she complete the recovery program they entered? Y/N

Date completed: _____

What are the applicant's current needs?

Housing

Rent & Deposit amount \$ _____

Transportation?*

Cost and/or down payment for vehicle \$ _____

Clothing needed for employment/job search/or current position?_____

Food?_____

Other?

Tools for employment, bus passes, etc. \$_____

*If requesting funds for a vehicle, a copy of a valid driver's license must be provided.

What are the applicant's goals? Where does he/she want to be, and what does he/she want to be doing one year from today?

How would assistance from Second Chance and this scholarship help the applicant to obtain his/her goals?

Applicant's Signature: _____

Date: _____



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Applicant Financial Information

Monthly Net Income (after taxes):

Employment	\$ _____
SSI, SSDI, SS	\$ _____
SNAP (food stamps)	\$ _____
Child Support	\$ _____
HUD/Section 8 Housing Assistance	\$ _____

Total Monthly Income \$ _____

Expenses:

Rent:	\$ _____
Utilities	\$ _____
Cell phone	\$ _____
Medications	\$ _____
Medical Bills/Insurance premiums	\$ _____
Vehicle payment	\$ _____
Child Support payments	\$ _____
Groceries	\$ _____
Entertainment (eating out etc.)	\$ _____
Other expenses-itemize	\$ _____

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Monthly Expenses \$ _____