



Sophomore Scholarship Application 2012-2013

WOLBI Financial Aid Office
P.O. Box 129
4200 Glendale Rd.
Pottersville, NY 12860
Phone: 1-800-331-9673
Fax #: 518-494-1534
www.wordoflife.edu

Deadline for Application submission is October 18th, 2012 for Fall Enrollment. Applications must be received prior to this date and be completed in full for consideration. To allow adequate time for applications to be processed and applied to the current balance due, they should be submitted at least 30 days prior to registration. Mail completed application form, and any certificates, to the address above. Regardless of amounts that were awarded during first year, Second Year students must complete this application in order for any scholarships to be reinstated.

PLEASE PRINT CLEARLY

NAME: _____ SSN: _____ - _____ - _____ DATE OF BIRTH: _____

ADDRESS/CITY/STATE/ZIP: _____ PHONE: () _____

CHECK ONE BOX FOR EACH OF THE FOLLOWING QUESTIONS:

- 1) I am a U.S. Citizen I am NOT a U.S. Citizen
- 2) If you are a U.S. Citizen-
- I have already completed OR plan to complete the 2012-2013 FAFSA
- I will NOT be completing the 2012-2013 FAFSA and understand I will not be eligible for any Federal Financial Assistance.
- 3) I have informed the Admissions Office I am returning for 2nd year
- I have NOT informed the Admissions office I am returning

FAMILY & FINANCIAL INFORMATION

- 4) If you can answer "YES" to any of the following questions, please give a brief description of the circumstances in the space provided below.
- Has there been a significant change in your parent's income during the 2012 year?
 - Have one or both of your parents been unemployed for all or a portion of the 2012 year?
 - Are one or both of your parents receiving disability or unemployment payments?
 - Have any immediate family members had a **significant** health or medical issues in the 2012 year resulting in a loss or decrease of income?
 - Are there any additional **extenuating** circumstances that affect your current financial status? (please attach a separate sheet with detailed explanation of your circumstances as the Financial Aid Office may be able to assist you with a process called Professional Judgment)
- _____
- _____

OTHER INFORMATION

- 5) Is your father a (circle one- if applicable): SENIOR PASTOR ASSOCIATE PASTOR YOUTH PASTOR
OR
Are your parents Full Time Missionaries (circle one)?: YES / NO
- 6) If your father is a Pastor, please indicate the name and city of the church he works for; or if parents are missionaries, please list their Mission Board below.
- _____

7) Complete the information below if you have a parent or sibling that is a graduate of the Word of Life Bible Institute:

Alumnus First Name	Middle	Last/Maiden Name
Relationship to Applicant	Year of Graduation:	Campus(Circle One): NY FL CAN (Owen Sound) JEJU OTHER**

**If you circled "Other" in the chart above, you are required to attach a copy of the alumnus' diploma or a letter from the campus attended that verifies attendance.

8) Was your cumulative GPA 3.0 or above at the completion of your First Year (circle one)? **YES / NO**

9) In the past year have you completed a full year with the Word of Life Impact Team (circle one)? **YES / NO**

10) Have you submitted any **unused** scholarship through International Teens Involved, Local Church Ministries DIA or Creative Discipleship programs that are *unused*? **YES / NO**
(Note: If "NO", attach unused certificates to this application)

11) Are your parents currently employed by Word of Life, and has been for *at least one full year*? If YES, complete the chart below.

Employed Since:		Department:	Position Held:
Month:	Year:		

IMPORTANT INFORMATION: READ BEFORE PROCEEDING

This application is used by the Financial Aid Office to determine your eligibility for ALL institutional scholarships. All scholarships **must** be processed through the Financial Aid Office. Verbal offers for scholarships should be considered as *an opportunity to apply, and not as a confirmed award*. This must be submitted in order for you to be considered for any scholarship, as they will not be applied without an application. It is to your advantage to read all the enclosed information prior to signing. If you have any questions regarding scholarships or the completion of this form, please direct them to the Financial Aid Office at the number on the front of this application.

Scholarships are awarded based on the following criteria and stipulations:

- 1) The student must maintain a GPA consistent with the Standard of Academic Progress (see Student Handbook for details).
- 2) Applications must be received **at least 30 days prior** to registration to reduce payment amounts at registration. Scholarships will not be considered on registration day.
- 3) Scholarship funds are limited. We reserve the right to remove scholarships if a student fails to meet the requirements thereof.
- 4) Scholarships are disbursed equally over each payment period, with few exceptions.
- 5) Please refer to the 2012-2013 Financial Aid publication for specific criteria governing individual scholarships.
- 6) Resident Assistant scholarships are awarded as Financial Aid. Students should contact Abbianne Huizing in the Student Life Office at studentlife@wol.org to apply for a position.
- 7) STC Scholarships are awarded based on **completion** of an entire summer of the STC year.

I have read the criteria listed regarding all scholarships and I am in agreement with the stipulations. To the best of my knowledge the information I have listed is true

SIGN HERE → _____
Signature

DATE: ____/____/____
mm dd yy