Word of Life® Bible Institute

Testimony Worksheet

APPLICANT INFORMATION

Year Applied:_____ Term: ☐ Fall ☐ Winter Campus: ☐ Florida ☐ New York ☐ Ontario

Name of Applicant: _____

LAST FIRST MIDDLE

Applicant's Address: _____

NUMBER AND STREET OR ROUTE AND BOX CITY STATE/PROV POSTAL/ZIP CODE

Phone Number: (_____)_____ Email Address: _____

SHORT ESSAY

Write at least a paragraph answering each question. **Please print clearly and neatly.**

1. Please write your salvation testimony and the circumstances surrounding your salvation experience:

2. Please briefly describe your current devotional and church / ministry involvement:

3. How do you hope to benefit from your time at Word of Life Bible Institute?

4. Is there any additional information you would like us to know about yourself? (optional)

PLEASE RETURN COMPLETED REFERENCE TO THE STUDENT IN A SEALED ENVELOPE OR MAIL TO

New York Applicants • Financial Aid Office • 4200 Glendale Rd • Pottersville, NY 12860 • **Fax:** 518.494.1524 or admissions@wol.org

Florida Applicants • Financial Aid Office • 13247 Word of Life Drive • Hudson, FL 34669 • **Fax:** 727.856.9349 or fladmissions@wol.org

Ontario Applicants • Financial Aid Office • RR #8 • Owen Sound, ON N4K5W4 Canada • **Fax:** 519.376.9893 or admissions@wolbi.ca