



Scholarship Application 2016-2017 New York & Florida Campuses

WOLBI Financial Aid Office

NY Phone: 1.800.331.9673 • FL Phone: 727.379.5043 • NY Fax: 518.494.1534 • FL Fax: 727.856.9349 • www.wordoflife.edu

APPLICATION DEADLINE: Unless otherwise noted, the scholarship application deadline is May 31, 2016. Because some scholarships have limited funding, applications received by this deadline will receive preferred funding status. Applications received after the deadline and/or funding has expired may be declined.

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 attending the: New York Campus Florida Campus
2. I will begin enrollment in the: Fall Semester Spring Semester
3. **I am a U.S. Citizen, but I will not be completing the 2016-2017 FAFSA.**
I understand that I will not be eligible for any Federal Financial Assistance. YES / NO

CHURCH MATCHING SCHOLARSHIP ▼

4. Do you anticipate your church assisting with the Church Matching Scholarship? (circle one) YES / NO

CHANCELLOR'S SCHOLARSHIP ▼

Are your parents Full-Time Missionaries? (circle one): YES / NO
If your father is a Pastor, please indicate the name and city of his church; or if parents are missionaries, please list their Mission Board _____

6. Complete the information below if you have a parent or sibling who 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 the attendance.

7. Have you received a Leadership Development Award from a WOL official? *Please Attach*
8. Are you a resident of the state of California, Oregon or Washington? (circle one) YES / NO

SUPPLEMENTAL ASSISTANCE SCHOLARSHIP ▼

9. If you can answer “YES” to any of the following questions, please give a brief description of the circumstances in the space provided below.

- a. Has there been a significant change in your parents’ income during the 2015 year?
- b. Have one or both of your parents been unemployed for all or a portion of the 2015 year?
- c. Are one or both of your parents receiving disability or unemployment payments?
- d. Have any immediate family members had significant health or medical issues in the 2015 year resulting in a loss or decrease of income?
- e. Are there any additional extenuating circumstances that affect your current financial status?
(please attach a separate sheet with a detailed explanation of your circumstances as the Financial Aid Office may be able to assist you with a process called Professional Judgment)

10. **Was the EFC from your FAFSA \$10,000 or less?** If yes to this question or others in this section please have the reference for the Supplemental Assistance Scholarships completed and returned.

(see last page for reference)

LOCAL CHURCH MINISTRY SCHOLARSHIP ▼

11. Have you earned any scholarships through **Engage (formerly known as Teens Involved), Local Church Ministries Cre8tive Discipleship or Steadfast programs which you have not used?** YES / NO

(Note: A “YES” answer will only be considered if original certificates are attached to this application.)

12. Are you anticipating earning additional scholarships? If so, submit them separately. YES / NO

STUDENT LEADERSHIP SCHOLARSHIP ▼

13. A limited number of students are selected for Student Leadership positions based on their spiritual maturity, Christian character, and leadership qualities. **(It is important that you submit this application and the RA application at the same time.)**

(The Student Leadership Application is available on the student’s Solution Portal under the “Forms” tab. All students considering a Student Leadership position should carefully review the application. Please give special attention to the Student Leadership qualifications before submitting your application. Questions should be referred to the Student Life Office at the campus you plan to attend. Submit your application to the address referenced in your application. Students with questions concerning Solution Portal login information should contact their admissions counselor at 1-800-331-9673.)

SUMMER MINISTRY SCHOLARSHIP ▼

14. If you are entering your sophomore year, are you planning to complete a second-year ministry and return to the same camp that may offer you an SIC Scholarship? YES / NO

15. Have you worked or will you be working as a Camp Crew member (formerly known as Summer Training Corps /STC) at a Word of Life Camp within the United States? YES / NO

16. Have you participated or will you be participating in a Word of Life Student Fusion Missions Trip? YES / NO
If you circled “yes” on questions 15 or 16, please complete the chart below:

I participated during the:	I participated in: (please circle for each year)
<input type="checkbox"/> Summer following my Senior Year Year:	Camp Crew: Ranch/Wild, Island, Pines, Lodge, Florida Youth Camp STUDENT FUSION to _____
<input type="checkbox"/> Summer following my Junior Year Year:	Camp Crew: Ranch/Wild, Island, Pines, Lodge, Florida Youth Camp STUDENT FUSION to _____

STAFF SCHOLARSHIP ▼

17. Are your parents currently employed by Word of Life? If YES, complete the chart below.

Employed Since:		Department	Position Held:
Month:	Year:		

OUTSIDE SCHOLARSHIP AND OTHER ASSISTANCE ▼

18. Are you receiving any assistance from sources that are outside of Word of Life or of which we may be unaware?
YES / NO

If yes, please list and give amounts to the best of your knowledge.

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

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 form 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 of the enclosed information prior to signing. If you have any questions regarding scholarships or the completion of this form, please direct them to finaid@wol.org If you are eligible to apply for Supplemental Assistance Scholarship funding, please obtain and attach the Pastor Reference to this form.

SCHOLARSHIPS ARE AWARDED BASED ON THE FOLLOWING CRITERIA AND STIPULATIONS ▼

1. The student must maintain a GPA consistent with the Standards of Academic Progress. (see Student Handbook for details)
2. Unless otherwise noted, the deadline for completed FAFSA documentation and the general scholarship application is May 31st, 2016. Scholarship Applications cannot be processed until the FAFSA is completed.
3. Because some scholarships have limited funding, applications received by this deadline will receive preferred funding status. Applications received after the deadline and/or funding has expired may be declined. Applications must be received by the May 31, 2016 deadline in order for any financial aid to be applied to the student's account. This may reduce payment amounts at registration. Scholarship funds are limited. We reserve the right to cancel scholarships if a student fails to meet the requirements thereof.
4. Scholarships are disbursed equally over each semester with few exceptions.
5. Please refer to the 2016-2017 Financial Aid publication for specific criteria governing individual scholarships.
6. Resident Assistant scholarships are awarded as Financial Aid.
7. Camp Crew/ Scholarships are awarded based on completion of an entire summer ministry period.

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I have read the criteria listed regarding all scholarships, and I am in agreement with the stipulations. If I am awarded any Supplemental Assistance Scholarship, I understand that any other scholarship which I have not disclosed may reduce the value of that award. I affirm that, to the best of my knowledge, the information contained herein is accurate and complete.

Sign Here ► _____
 Signature

Date ► ____ / ____ / ____
 mm dd yy



Supplemental Assistance Scholarships PASTOR REFERENCE

A Supplemental Assistance Scholarship from the Word of Life Bible Institute constitutes an investment in the life of students enabling them to benefit from a year of Bible study leading to personal growth and ministry impact.

The applicant is seeking additional funding which may be available to meet exceptional needs, generally due to financial constraints that would prevent attendance at the Word of Life Bible Institute. Students demonstrating outstanding academic achievement or Christian character may also be considered for an award. Your candid response will be very helpful in determining eligibility for this limited funding.

PLEASE PRINT CLEARLY

STUDENT TO COMPLETE ▼

Name: _____ Phone: (____) _____

Address/City/State/Zip: _____

Student Release: I understand that this is a confidential reference and I willingly waive my right of access to see comments and recommendations needed to evaluate my eligibility for this scholarship. I was able to give a "yes" answer to either question 11 or 12 on the scholarship application form.

Applicant's Signature: _____

REFERENCE TO BE COMPLETED BY YOUR PASTOR ▼

The Supplemental Assistance Scholarship constitutes an investment in the life of students. In your opinion, is the applicant worthy of such an investment? If so, why? Please share personal qualities that you have observed in this student that make them stand out.

Based on your knowledge of the student are there any circumstances that we should be aware of?

Pastor's Name: _____

Pastor's Signature: _____ Date: _____

Church Name: _____ Phone: (____) _____

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

NY Applicants • Word of Life Bible Institute Financial Aid Office • 4200 Glendale Rd • Pottersville, NY 12860 • FAX: 518.494.1534

FL Applicants • Word of Life Bible Institute Financial Aid Office • 13247 Word of Life Drive • Hudson, FL 34669 • FAX: 727.856.9349