Testimony Worksheet

Word of Life Bible Institute
A Great Place To Start

I. Applicant Information

Year applied: _____   Term: ☐ Fall ☐ Winter   Campus: ☐ Florida ☐ New York ☐ Ontario, Canada

Name of applicant: _____
LAST NAME   FIRST NAME   MIDDLE NAME

Applicant's address: _____
NUMBER AND STREET OR ROUTE AND BOX   CITY   STATE/PROV.   POSTAL/ZIP CODE

Phone number: _____   E-mail address: _____

II. 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)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Mail or fax this testimony worksheet directly to…

New York and Florida Applicants:	**Ontario Applicants:**
Admissions Office	Admissions Office
Word of Life Bible Institute	Word of Life Bible Institute
PO Box 129	RR #8
Pottersville NY 12860-0129	Owen Sound ON N4K 5W4
Fax (518) 494-1534	Fax (519) 376-9893

Word of Life Bible Institute, PO Box 129, Pottersville, NY 12860-0129
www.wordoflife.edu ~ 800-331-9673 ~ Fax: (518) 494-1534

Word of Life Bible Institute, RR#8, Owen Sound, ON N4K5W4 CANADA
www.wolbi.ca ~ 800-461-3503 ~ Fax: (519) 376-9893