

# BOARD OF DIRECTORS AWARD \$1,000

## Applicant Information

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Share with us your desire to influence others or how your decision for salvation has changed your life:

*(if necessary, please continue on the back of the page)*

## Qualifications

- This award is designed to encourage a new Freshman applicant to attend Word of Life Bible Institute.
- The student must attend during the 2024–2025 school year, beginning in either the fall or spring semester.
- Award certificate must be submitted prior to Registration.

Board Member's Name \_\_\_\_\_ Date Offered To Student \_\_\_\_\_



Email to [finaid@wol.org](mailto:finaid@wol.org) • fax to 518.494.1534 • mail to Word of Life Bible Institute ATTN: Financial Aid, 4230 Glendale Rd, Pottersville, NY 12860