

PRESIDENT'S COUNCIL AWARD \$500

This \$500 Scholarship Is Presented To:

Applicant Name _____

(For attendance at Word of Life Bible Institute New York or Florida during the **2024–2025** school year)
Word of Life reserves the right to amend and/or discontinue this award. Please see stipulations below.

Qualifications

- This award is designed to encourage a new Freshman applicant to attend Word of Life Bible Institute.
- This certificate must be submitted prior to Registration.

President's Council Member Information

Name _____ **Phone** _____

Email _____ **Address** _____

City _____ **State/Province** _____ **Zip** _____

Signature _____ **Date** _____



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