

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 2026–2027 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 • fax to 518.494.1534 • mail to **Word of Life Bible Institute ATTN: Financial Aid, 4230 Glendale Rd, Pottersville, NY 12860**