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 2027–2028 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** _____

Word of Life Bible Institute

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**