Word of Life Bible Institute

FAFSA Waive Form 2027–2028

- I am a U.S. Citizen, but I will **not** be completing the **2027–2028 FAFSA**.
- I understand that I will not be eligible for any Federal Aid Assistance.
- **Please waive my 2027–2028 FAFSA**

Print Student Name: _____ Student ID Number: _____

Student 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**