



Christian Workers's Scholarship

WOLBI Financial Aid Office
617796 Grey Road 18 RR 8
Owen Sound ON N4K 5W4
Phone: 519-376-3516
Fax: 519-376-9893
www.wolbi.ca

Application for Financial Assistance

Scholarship Funds are made available for dependent children of Pastors, Missionaries, or private Christian School Teachers and Administrators. The amounts awarded to each student range from \$600 to \$1800 and will be determined by the Review Committee.

Criteria:

1. This application must be submitted to the Financial Aid Office prior to enrollment.
2. Student must meet satisfactory Academic Progress standards during the school year.
3. After all other credits are applied to the student's account, the balance due must be paid in full at time of registration. Accounts not paid will be subject to loss of this scholarship.
4. Partent/guardian's major source of income must be from ministry. Restrictions apply for part-time employment.
5. WOLBI must have on file, a dated copy of page 1 and 2 of your parent's T1 General Canadian tax return.

Name: _____
 Address: _____ City: _____ Prov: _____
 Postal Code: _____
 Phone:(_____) _____ - _____

I have applied to attend Word of Life Bible Institute: Yes No

What is the position that your Parent has at the Church, Mission Board, or Christian School?
(ie: Senior Pastor, Youth Pastor, Full-Time Missionary, Teacher, Administrator, etc.)

Position Held: _____ Parent Signature: _____

FATHER

MOTHER

Wages earned last year: _____	Wages earned last year: _____
Name and address of employer: _____	Name and address of employer: _____
Employer's contact info: _____	Employer's contact info: _____
Expected Earnings this current year: _____	Expected Earnings this current year: _____
Do they raise support?: _____	Do they raise support?: _____
Support level: _____	Support level: _____

Please describe any unusual circumstances that may affect our decision: _____

PLEASE RETURN COMPLETED APPLICATION TO THE ABOVE MAILING ADDRESS BY AUGUST 1
OFFICE USE ONLY

Qualified ___ Yes ___ No Amount Awarded _____ Authorization Signature _____