



Director'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

This scholarship is intended to assist a student who can document significant financial need for which there is no known or foreseeable resolution.

Criteria:

1. The applicant must be a high school senior or graduate.
2. The applicant must attend during the school year they applied for.
3. The applicant must be a Canadian citizen and attend the Owen Sound campus.
4. The applicant must demonstrate financial need.
5. The applicant must complete the Student Financial Sheet and forward it to the Financial Aid Office along with supporting documentation (i.e., photocopied and signed tax forms).

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

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

My average grade in high school was: A B C D (circle one)

Please indicate dollar amounts of all possible resources that may help finance your education this year. (Mark with a check mark, or specify amount if known.)

_____ Work earnings	_____ Parents' assistance
_____ Savings	_____ Student Line of Credit
_____ RESP	_____ Other scholarships
_____ Other assistance (relatives, church, etc.)	

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

This scholarship is awarded with the following stipulations:

- If any additional aid becomes available that has not been reported to the Bible Institute, we reserve the right to reduce or rescind this award.
- This award is divided and disbursed equally between both of the two academic semesters.
- The student must maintain a GPA consistent with the Standard of Academic Progress (Students must have at least a 1.8 cumulative GPA upon completion of their first academic semester).
- All scholarships are subject to approval or denial at the discretion of the Scholarship Committee

PLEASE RETURN COMPLETED APPLICATION TO THE ABOVE MAILING ADDRESS BY AUGUST 1 2015

OFFICE USE ONLY

Qualified ___ Yes ___ No Amount Awarded _____ Authorization Signaure _____