



Staff Dependant Scholarship Application

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

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

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

I, _____ would like to apply for the Staff Dependant Scholarship at Word of Life Bible Institute.

Fathers Name: _____

Mothers Name: _____

My parent(s) began employment with Word of Life on: _____
month / year

My parent(s) position with Word of Life Fellowship is: _____
position held
in _____ under _____
department supervisor

My parent(s): Receive a Salary Raise Support

I plan on attending the Bible Institute in: _____
fall or winter quarter & year

student signature *date*

parent signature *date*

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

Qualified Y N Amount Awarded _____ Authorization Signaure _____