

## NEED BASED TUITION ASSISTANCE SCHOLARSHIP APPLICATION

**Contact: WOLBC Scholarship Funding Committee**

*The Scholarship Program helps defray the cost of tuition for those who qualify. A Scholarship application should be submitted prior to the beginning of each semester for review and approval. Word of Life Bible College, Bennettsville, SC is a religious institution. No claim is made that any secular school will accept course work done at this school. The school is not affiliated with the Department of Higher Education in South Carolina, USA*

NEW STUDENT   
  RETURNING STUDENT   
  DISABLED   
  SENIOR (65 OR OLDER)   
  FALL SEMESTER   
  WINTER SESSION   
  SPRING SEMESTER   
  SUMMER SESSION

NAME: \_\_\_\_\_  
 (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

DATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_/ PLACE OF BIRTH (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work)

FAX NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Degree Applying for:  AA  Bachelor  Master  Doctor of Ministry  Honorary Doctorate  Lifetime Doctorate

| SOURCE(S) OF INCOME (household or individual?)    | AMOUNT (MONTHLY) | DATE RECEIVED |
|---------------------------------------------------|------------------|---------------|
|                                                   |                  |               |
|                                                   |                  |               |
| EXPENDITURES                                      | AMOUNT (MONTHLY) |               |
| MORTGAGE/RENT                                     |                  |               |
| WATER                                             |                  |               |
| ELECTRIC                                          |                  |               |
| GAS                                               |                  |               |
| MEDICAL COSTS (DOCTOR'S VISITS, MEDICATION, ETC.) |                  |               |

Please provide supporting documentation of your source and amount of income received monthly. (i.e., Pay stub, SS verification letter, Retirement payment statement, etc.)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Once your application is received along with the requested supporting documentation it will be reviewed by the Funding Committee. The guideline for receiving aid is pre-determined by the funding committee and is rewarded on a first-come, first-served basis. You will be notified of their decision by e-mail. Please ensure that you have provided your correct e-mail address.

FOR FUNDING COMMITTEE'S USE ONLY

DATE APPLICATION RECEIVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ AMOUNT AWARDED: \_\_\_\_\_

DISAPPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

