



BIBLE INSTITUTE

Application For Work Scholarship

Office Use Only
Approval? Yes No
Notified? Date
Initials
Comments
Other

Name

Address Date of Birth

City State Zip Phone

Are you presently living with your parents? Yes No

Are you presently employed? Yes No Full Time? Part Time?

Approximate monthly income How long have you been employed?

Table with 2 columns: Assets (Funds) in U.S. \$ and Liabilities (Financial Obligations) in U.S. \$. Rows include Checking Account Balance, Savings Account Balance, Balance in Other Funds, Rent, Room & Board, Car Payment, Insurance.

List other sources of income and support other than employment shown above. Include amounts where applicable

Will you be receiving financial help from your family? Yes No Monthly amount?

Please state your need for a work scholarship: be specific and give pertinent details.

Amount of work scholarship needed? \$1,000/sem 10 hrs/wk \$1300/sem 12 hrs/wk \$2000/sem 17 hrs/wk

Do you own a motor vehicle? Yes No Make Year

If you have ever been employed, either part or full time, list two employers as work references.

If you have had only one, list that one. (Give full name, address, phone, and the type of work you did.)

Table with 5 columns: Employer or Business and Address, Person to contact, Dates (From - To), Phone, Type of Work. Two empty rows for data entry.

Please list any special skills you have.

Do you have health insurance? Accident Insurance? Yes No Company

Work students are required to purchase Student Accident Insurance or sign a waiver releasing the school from liability for injuries that may occur during work assignments.

I already have the required insurance coverage.

Signed

I hereby release the school from liability for any injury that may occur during assigned work.

Signed

I hereby give Penn View Bible Institute permission to contact the persons named as references. I affirm that all information given herein is true and complete.

Signed Date