



ASSOCIATION FREE LUTHERAN BIBLE SCHOOL

3134 East Medicine Lake Boulevard

Plymouth, MN 55441-3008

(763) 544-9501

APPLICATION FOR AFLBS SCHOLARSHIPS

Please complete this form in full to be eligible for a scholarship. You must submit a completed form to the AFLBS office **EACH SEMESTER** you desire to be considered for a scholarship. Applications are reviewed by the Scholarship Committee and scholarships will be awarded in the middle of each semester.

Applying for school year _____ Semester _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Home Address: _____

City/State/Zip: _____ Phone () _____

Date of Birth: _____ Social Security Number: _____

Educational Level Completed: _____

Church Name and Affiliation: _____

Parent(s) or Guardian(s) Name(s): _____

Address: _____

City/State/Zip: _____

Parents' Occupation(s): _____

Number of Parents' Dependents: _____ Annual Income of Parents _____

FINANCIAL INFORMATION

Please list any financial aid you anticipate receiving from other sources (including parents):

Source

Amount

Will your parents be paying part or all of your AFLBS account? _____

Will your church be giving a scholarship? _____

Other financial help. _____

How much are you making per pay period or expecting to make? _____

What funds from your own paycheck will you apply to your AFLBS account? _____

