



# Association Free Lutheran Bible School

3134 East Medicine Lake Boulevard, Plymouth, MN 55441-3008  
Ph: (763) 544-9501 ~ Fx: (763) 412-2047 ~ aflbs@aflc.org ~ www.aflbs.org

## 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):

<u>Source</u>	<u>Amount</u>
Will your parents be paying part or all of your AFLBS account?	_____

Will your church be giving a scholarship?	_____
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Other financial help.	_____
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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? \_\_\_\_\_

