



# INTERNATIONAL APPLICATION

## Association Free Lutheran Bible School

3134 East Medicine Lake Boulevard, Plymouth, MN 55441-3008

Phone: (763) 544-9501 ~ Fax: (763)-412-2047 ~ www.aflbs.org ~ Email: aflbs@aflc.org

OFFICE USE ONLY

Student ID Number:

Name: Last                      First                      Middle                      Former                      M  F                       Social Security Number

Mailing Address: Number & Street                      City/State/Zip                      Country                      Phone

Permanent Address: Number & Street                      City/State/Zip                      Country                      Phone

Date of Birth (m/d/y)                      Birthplace (City, State)                      Country of Citizenship                      U.S. Immigration Status

Name of Parents or Guardian                      Mailing Address                      Phone

E-mail Address

### Marital Status

Indicate Marital Status:  Single     Married     Engaged     Widowed     Divorced (If yes, give date: \_\_\_\_\_)

Spouse's Full Name (Fiancée or Fiancé if engaged)    Age    Occupation    Wedding Date (m/d/y)

Do you have children?  No     Yes If yes, number & ages of children: \_\_\_\_\_

### Church Affiliation

What Church do you attend?

Church Mailing Address: Number & Street                      City/State/Zip

Are you a member?  Yes    \_\_\_\_\_  
 No    How long regularly attended?    Denomination/Conference    Pastor's Name

**Please include two small recent photos of yourself. Write your name on the back of each one**

## **Testimony of Faith**

**Please write a 400-500 word essay: When did you first come to know Jesus Christ as your Savior? Describe your salvation experience and your relationship to Jesus Christ. Tell us why you feel the Lord is calling you to attend AFLBS. Where do you sense the Lord is calling you after AFLBS?**

AFLBS enrollees are required to be graduates of high school. List your high school credentials and any other colleges or universities you have attended. **Request that official transcripts be sent to AFLBS.**

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

<b>Bible School, College or University</b>	<b>Dates Attended</b>	<b>Degrees or Credits</b>
1. _____	From _____ To _____	_____
2. _____	From _____ To _____	_____
3. _____	From _____ To _____	_____

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### **Life and Witness**

What persons, events or information influenced you to apply? (List in order of greatest influence.) \_\_\_\_\_

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- Is there any reason you may not return to any collegiate institution previously attended?       Yes       No
- Have you previously applied to AFLBS for admission?       Yes       No
- Have you ever been charged with any crime involving sexual misconduct?       Yes       No
- Have you ever been convicted in court of any crime involving sexual misconduct?       Yes       No
- Within the past year, have you used alcoholic beverages?       Yes       No
- Within the past year, have you used tobacco?       Yes       No
- Within the past year, have you used illegal drugs?       Yes       No
- Have you been judged guilty of criminal or civil offenses?       Yes       No

If yes to any of the above, please explain: \_\_\_\_\_

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Hobbies/Interests: \_\_\_\_\_

In what extra-curricular activities have you been involved? \_\_\_\_\_

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### **Housing**

I prefer to room with: \_\_\_\_\_

- A first-year student       A second-year student       No preference

I am willing to live in a three-person room.       Yes       No      If possible, I prefer to live alone.       Yes       No

I am willing to abide by the student guidelines while I am enrolled in the program.       Yes       No

Will you have a car on campus?       Yes       No      If yes, year/make/model: \_\_\_\_\_

## Financial

I understand that I will need to pay tuition, room charges, and fees within the first two weeks of each semester (meals will be paid for on a monthly basis).  Yes  No

Do you plan to work part-time while in school?  Yes  No

What type of work will you be looking for? \_\_\_\_\_

If you are an international student, are you interested in working on campus?  Yes  No

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## References

List below three persons who will complete recommendation forms for you. They should include your pastor, a spiritual mentor, and an employer, teacher, administrator or school counselor. Please do not list relatives. The forms for these recommendations are included in the application packet. Once they are filled out, they should be sent directly to the school or given back to you in sealed envelopes to be mailed with the application.

Name	Address	City	State	Zip Code
1. _____ Pastor				
2. _____ Spiritual Mentor				
3. _____ Employer, Teacher, Administrator, or School Counselor				

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## Admission Statement

Among the conditions of admission are the following:

1. Association Free Lutheran Bible School admits qualified applicants regardless of sex, race, color, national origin or handicap who are personally committed to faith in Jesus Christ.
2. Applicants are selected for admission on the basis of spiritual, educational, personal and financial qualification.
3. Enrolled students are expected to attend classes and required devotional sessions regularly, to engage in Christian service, to participate in a local church of their choice and to enter heartily into fellowship with the school family.

**My signature below indicates that all information in this application is honestly presented, factually correct and complete. I understand that failure to submit complete official transcripts from all schools, colleges, or universities attended may result in the denial of this application or my subsequent dismissal from AFLBS. As a student at AFLBS, I will seek to live the Christian life in accordance with accepted practices and above all to be pleasing to the Lord Jesus Christ.**

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

*A non-refundable application fee of \$250 must accompany this form.*

**Please mail to:  
Admissions Office, AFLBS,  
3134 E. Medicine Lake Blvd., Plymouth, MN 55441-3008 USA**