



The Association Free Lutheran Bible School

3134 East Medicine Lake Boulevard
Plymouth, MN 55441-3008
www.aflbs.org

Phone: (763) 544-9501
Fax: (763) 412-2047
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 make a commitment to Christ? 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?

Educational Background

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: _____

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

Life and Witness

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

- 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: _____

Hobbies/Interests: _____

In what extra-curricular activities have you been involved? _____

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

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				

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 \$20 must accompany this form. After August 1, the fee is \$50. The fee is waived if you mail the application before December 1 of the year previous to your enrollment.

MAIL TO: Admissions Office, AFLBS, 3134 E. Medicine Lake Blvd., Plymouth, MN 55441-3008