



ASSOCIATION FREE LUTHERAN BIBLE SCHOOL

3134 East Medicine Lake Boulevard

Plymouth, MN 55441-3008

(763) 544-9501

APPLICATION FOR AFLBS SCHOLARSHIPS AND ALUMNI GRANT

Please complete this form in full to be eligible for a scholarship or grant. The appropriate signatures must be included for the application to be considered. Return this form to the AFLBS office at the start of the semester. Applications are reviewed by the Scholarship Committee and all grants and scholarships will be awarded in the middle of each 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: _____

FINANCIAL INFORMATION

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

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

Statement of assets of applicant:

Cash on hand or in bank, etc.	_____
Real Estate	_____
Automobile: Year _____ Make _____	_____
Stocks and Bonds (Market Value)	_____
Other	_____
TOTAL	_____

Statement of your parents' annual income: (Please have your parent(s) sign the application if the following portion is completed.)

	<u>Father</u>	<u>Mother</u>
Wages, etc.	_____	_____
Dividends and interest	_____	_____
Other	_____	_____
TOTAL	_____	_____

SIGNATURES

Applicant

Parent (if applicable)

Date