

**AFLBS Referral Opportunity
Official Referral Form**



Please submit information before the prospective student applies for the semester in which they enroll. All referrals must include the full name, mailing address, telephone number, graduation year, and valid email address for the prospective student and the person making the referral.

Student being referred:

Full name: _____

Mailing address: _____

Phone number: _____

H.S. Graduation year: _____

Email address: _____

Person making referral:

Full name: _____

Maiden name (if applicable): _____

Mailing address: _____

Phone number: _____

Email: _____

Your Relation/Connection to prospective student: _____

(i.e. met at Bible camp, a relative, youth group student, friend, etc.)

Your Relation/Connection to AFLBS: _____

(i.e. Alumni, current AFLBS student, parent of AFLBS students, etc.)

AFLBS Grad Year (for alumni): _____

Additional forms may be obtained through the AFLBS office (763-544-9501). Also find them online at www.aflbs.org.

Send completed referral form to:

AFLBS Office
3134 E Medicine Lake Blvd.
Plymouth, MN 5544