



NAIFA LEADERSHIP IN LIFE INSTITUTE – ILLINOIS

STUDENT APPLICATION for 2017

Please complete this application thoroughly and print or type all answers to questions as asked. Whenever possible, limit your replies to the spaces provided below, selecting the information about yourself that you believe to be the most outstanding and relevant. Resumes will not be considered in lieu of answers to the following questions. This form may be duplicated.

I. BACKGROUND INFORMATION

1. Full Name _____ 2. Preferred Name _____
LAST FIRST MI
3. Titles or Designations _____ 4. Date of Birth _____
5. Company /Organization _____
6. Place a check in the box adjacent to your preferred mailing address, phone, fax and e-mail address.
7. Business Address _____ 8. Home Address _____

9. Business Phone _____ Ext. _____ 10. Business Fax _____
11. Home Phone _____ 12. Home Fax _____
13. Other Phone(s) _____
14. Business e-mail _____ 15. Home e-mail _____
16. Who encouraged you to apply? Give that person's name, address and phone number.

17. Do you have a personal or professional relationship with the moderator or another applicant of this institute? _____ If yes, Please explain _____
18. What local association do you belong to? _____ For How Many Years? _____
One Year Minimum Active NAIFA Membership Required

APPLICANT CHECK LIST

- ___ Completed Signed Application
- ___ Check or Credit Card Authorization - \$975 Tuition
- ___ Letter of recommendation from local association
- ___ Letter of understanding from immediate supervisor
- ___ Other documents - Give brief description.

- ___ My check is enclosed ___ Paying with a credit card
- ___ VISA ___ MasterCard Exp. Date _____
- Card Number _____
- Authorized Signature _____

INSTITUTE USE ONLY

DATE RECEIVED _____ INITIALS _____

COMPLETE _____ INCOMPLETE _____

ACCEPT _____ REJECT _____ LETTER _____

APPLICATIONS MUST BE RECEIVED BY OCTOBER 7, 2016
 SEND COMPLETED APPLICATIONS TO:
jennifer@naifa-il.com or fax at 217-529-0977
 Attn: Jennifer Gortney

Tentative Institute Dates: DECEMBER, 2016
 JANUARY, 2017
 FEBRUARY, 2017
 MARCH, 2017
 APRIL, 2017
 MAY or JUNE, 2017

YOU WILL BE NOTIFIED NO LATER THAN October 24, 2016, OF ACCEPTANCE INTO THE INSTITUTE.

II. EDUCATION

1. High School Graduate or GED? Y N
circle

2. Undergraduate College(s) _____ Degree(s) _____ Major(s) _____

3. Post Graduate College(s) _____ Degree(s) _____ Major(s) _____

4. Other Education _____

III. NON INDUSTRY ACTIVITIES

A. Describe your most important past and current volunteer service in civic, political, religious or other organizations over the last five years. Cite what you did, the degree of your involvement, specific results and any awards or citations received.

<u>ORGANIZATION</u>	<u>POSITION HELD</u>	<u>INVOLVEMENT FROM-TO</u>	<u>TIME YOU SPENT/SPEND</u>	<u>ACCOMPLISHMENTS (IF APPLICABLE)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Describe your anticipated involvement and goals for the next 3-5 years as related to the above activities and interests.

IV. INDUSTRY ACTIVITIES

A. Describe your past and current volunteer involvement in any insurance or financial services industry organization (e.g. NAIFA, MDRT, IAFP).

<u>INDUSTRY ORGANIZATION</u>	<u>POSITION HELD</u>	<u>PERIOD OF INVOLVEMENT FROM-TO</u>	<u>AMOUNT OF TIME YOU SPENT/SPEND</u>	<u>RESULTS OR ACCOMPLISHMENTS (IF APPLICABLE)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Describe your anticipated involvement and goals for the next 3-5 years as related to the above activities or organizations.

V. Applicant Assessment

1. Describe your image of an excellent leader.

2. Why do you want to be a part of the Leadership in Life Institute?

3. What is the main reason you should be selected?

4. What do you hope to gain from participating?

Applicant Assessment continued

5. What will you offer to other students in your class?

6. To assist us in planning the classes, do you require any special accommodations in order to attend classes?

7. Use the space below to provide any further information regarding additional qualifications.

9. Acceptance in this institute is contingent upon your agreement to volunteer 2 years of service in a leadership capacity at your NAIFA local. Are you willing and able to make a 2-year commitment to your local AIFA? Please explain.

10. Have you ever been the subject of any insurance or securities regulatory investigation or action? _____ If yes, attach details.

11. How many years of financial services experience do you have? _____ (2 year minimum requirement for admission to LILI)

12. Commitment Statement

I understand the purpose of the NAIFA Leadership in Life Institute – ILLINOIS and if I am selected I will devote the time and resources necessary to complete the program. I have sought and received the full support of the important people in my life, including my employer. I understand that even though emergencies do arise, I am expected to attend every session. I understand if I miss the first or last session or more than one (1) of the other sessions for any reason, I will be asked to withdraw from the program and no portion of tuition will be refunded.

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and are made in good faith. I know and understand that all items herein may be verified. If selected, I have company/organization support for my participation. I will be able to attend all six seminars in their entirety.

Candidate Signature

Date

Print Your Name