



# 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](mailto: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