



# NAIFA LEADERSHIP IN LIFE INSTITUTE STUDENT APPLICATION

State: \_\_\_\_\_

Please complete this application thoroughly and type all answers to the questions 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.

**REGISTRATION DEADLINE: 11/30/2017**

## I. BACKGROUND INFORMATION

1. Full Name \_\_\_\_\_  
LAST FIRST MI
2. Preferred Name (if applicable) \_\_\_\_\_
3. Titles or Designations \_\_\_\_\_
4. Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)
5. Company /Organization \_\_\_\_\_

**Place a check in the box adjacent to your preferred mailing address, phone, fax and e-mail**

- |  |  |
|--|--|
| <input type="checkbox"/> 6. Business Address:<br><div style="border: 1px solid black; height: 50px; width: 100%;"></div> | <input type="checkbox"/> 7. Home Address:<br><div style="border: 1px solid black; height: 50px; width: 100%;"></div> |
| <input type="checkbox"/> 8. Business Phone _____ Ext. _____  | <input type="checkbox"/> 9. Home Phone _____   |
| <input type="checkbox"/> 10. Business Fax _____  | <input type="checkbox"/> 11. Home Fax _____  |
| <input type="checkbox"/> 12. Business E-mail _____   | <input type="checkbox"/> 13. Home E-mail _____   |

## II. EDUCATION

1. High School Graduate or GED?  Yes  No
2. Undergraduate College(s) \_\_\_\_\_ Degree(s) \_\_\_\_\_ Major(s) \_\_\_\_\_  
 Post Graduate College(s) \_\_\_\_\_ Degree(s) \_\_\_\_\_ Major(s) \_\_\_\_\_  
 Other Education \_\_\_\_\_

### APPLICATION CHECKLIST

- Completed and signed application
- Check or credit card authorization for \$750 tuition
- Letter of recommendation from local association
- Letter of understanding from immediate supervisor
- Other documents. Provide brief description below.  
 \_\_\_\_\_  
 \_\_\_\_\_
- My check is enclosed**     **Paying with credit card\***  
 Checks are to be made payable to NAIFA-Virginia.
- VISA     MasterCard    Exp. Date \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_

### STATE INSTITUTE USE ONLY

- DATE RECEIVED \_\_\_\_\_ INITIALS \_\_\_\_\_  
 COMPLETE                       INCOMPLETE  
 ACCEPT                               REJECT  
 DATE DECISION LETTER SENT \_\_\_\_\_

### INSTITUTE DATES:

- Classes held on Mondays -  
Dates to be determined by class**
- |                 |                |
|-----------------|----------------|
| Session 1 _____ | Location _____ |
| Session 2 _____ | Location _____ |
| Session 3 _____ | Location _____ |
| Session 4 _____ | Location _____ |
| Session 5 _____ | Location _____ |
| Session 6 _____ | Location _____ |

The sponsor state determines class dates and location. Contact your state association for details. Please be sure that your schedule will allow you to attend all classes.

**FAX, E-MAIL OR MAIL COMPLETED APPLICATION TO  
YOUR STATE ASSOCIATION**



### 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 (5) years. Cite what you did, the degree of your involvement, specific results and any awards or citations received.

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

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

### IV. INDUSTRY ACTIVITIES

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

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

B. Describe your anticipated involvement and goals for the next 3-5 years as they relate 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?

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

6. To help us plan sessions, do you require any special accommodations in order to attend class?

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

## VI. NAIFA AFFILIATION

1. What local NAIFA association do you belong to? \_\_\_\_\_ For how many years?\* \_\_\_\_\_  
\*Must be Active member of at least 1 year OR new member with at least 5 years industry experience OR Associate member (limit 1 per class)

### NAIFA Membership Status (select one):

- NAIFA member of at least 1 year     New NAIFA member with at least 5 years industry experience  
 Associate member

2. How many years of insurance or financial services experience do you have?\* \_\_\_\_\_  
\*If Active member of more than 1 year, at least 2 years industry experience required. If member less than 1 year, at least 5 years experience required.

3. Have you ever been the subject of any insurance or securities regulatory investigation or action?     Yes     No  
If **yes**, please attach details.

4. Who encouraged you to apply to LILI? Please provide that person's name, address and phone number.

5. Do you have a personal or professional relationship with the moderator or another applicant of this institute?  
 Yes     No    If **yes**, please explain:

6. Acceptance in this institute is contingent upon your agreement to volunteer 2 years of service in a leadership capacity with NAIFA. Are you willing and able to make a 2-year commitment to NAIFA?     Yes     No  
If **no**, please explain:

## COMMITMENT STATEMENT

I understand the purpose of the NAIFA Leadership in Life Institute – \_\_\_\_\_ (State) 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 may arise, I am expected to attend every session. I understand that the first and last sessions are required and if I miss the first or last session 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. I further confirm that I will be able to attend all six sessions in their entirety.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FAX, E-MAIL OR MAIL COMPLETED APPLICATION TO YOUR STATE ASSOCIATION**