



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.

I. BACKGROUND INFORMATION

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

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

7. Business Address: _____ 8. Home Address: _____

9. Business Phone _____ Ext. _____ 10. Home Phone _____
11. Business Fax _____ 12. Home Fax _____
13. Business E-mail _____ 14. 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 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***
- *Not all states accept credit card payments. Check with state association before providing credit card information.
- 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:

- 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, including graduation which is considered a part of the last session, 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. 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

NAIFA-ND LILI Student Fees

\$675.00 by check

**If you want to pay by credit card, please contact our office and a paypal invoice will be sent.

Remit payment to:

NAIFA-ND
1811 East Thayer Avenue
Bismarck, ND 58501
Phone: 701.258.9525
Fax: 701.222.0103
eMail: info@naifa-nd.org