



2008 FAIFA LEADERSHIP IN LIFE INSTITUTE CANDIDATE APPLICATION

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. Birth Place _____

5. Date of Birth _____ 6. Spouse Name _____

7. Company / Organization _____

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

8. Business Address _____ 9. Home Address _____

10. Business Phone _____ Ext. _____ 11. Business Fax _____

12. Home Phone _____ 13. Home Fax _____

14. Other Phone(s) _____

15. Business e-mail _____ 16. Home e-mail _____

17. Who encouraged you to apply? List that person's name, address and telephone number below.

18. What local association do you belong to? _____ For How Many Years? _____

APPLICANT CHECK LIST

- Completed Signed Application
- Check (Made payable to FAIFA) or Credit Card Authorization (complete below for \$775 Tuition)
- Letter of recommendation and explanation from local association
- Letter of understanding from immediate supervisor
- My check is enclosed Paying with a credit card
- VISA or MasterCard Exp. Date _____
- Card Number: _____ CVV#: _____
- Authorized Signature: _____
- Billing Address of Credit Card: _____
- Name on Credit Card: _____

INSTITUTE USE ONLY

DATE RECEIVED: _____ INITIALS: _____

COMPLETE INCOMPLETE

ACCEPT REJECT

LETTER: _____

APPLICATIONS MUST BE RECEIVED BY: October 31, 2007

SEND COMPLETED APPLICATIONS TO:

FAIFA LILI
Attn: Vince Orlando, Chair
1836 Hermitage Blvd, Ste 200
Tallahassee, FL 32308

Institute Dates and Locations for 2008 to be announced.

FINAL QUESTIONS (continued)

2. Why do you want to be selected for the Leadership In Life Institute?

3. What do you consider the major reason you should be selected?

4. What do you hope to gain from participation?

5. Are you willing to commit to two years of volunteer service in your local AIFA?

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

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

8. How long have you been a member of a local NAIFA affiliate? ____ (12 months minimum)

9. Commitment Statement

I understand the purpose of the FAIFA Leadership in Life Institute 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 family and employer. I understand that even though emergencies do arise, I am expected to attend every session. I understand if I miss more than one (1) segment for whatever 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 my company/organization support for my participation. I will be able to attend all six seminars in their entirety. I understand that there are no tuition refunds once I have been selected to participate in LILI.

Candidate's Signature

Date

Print Your Name