



## **LOUISIANA INSURANCE ACADEMY**

### **Application Instructions**

### **Spring 2018**

#### **Application packet must contain:**

1. Program application
2. Résumé and/or curriculum vitae
3. A cover letter that answers the question, "Why are you interested in this program?"
4. Signed "Program Rules and Policies" document
5. College transcript (optional)
6. Letters of reference (optional, no more than three)

#### **Application packet can be submitted in any of the following methods:**

1. Via email to NonCredit@dcc.edu
2. Via fax to (504) 671-6366
3. Via mail to 615 City Park Avenue, Attn: Continuing Education, Building 8, Room 116, New Orleans, Louisiana 70119
4. In person (can be dropped in locked mailbox by office door) to 615 City Park Avenue, Building 8, Room 116, New Orleans, Louisiana 70119

***If you do not receive confirmation within one business day that your application has been received, please call (504) 671-6474.***

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#### **Dates to remember:**

- **Application period starts:** Monday, March 5
- **Application deadline:** Monday, March 19, by 8:00 a.m.
- **Finalist interviews:** Tuesday, March 20, through Thursday, March 22, 8:00 a.m. - 5:00 p.m. (scheduled individually, for 30-minute time slots)
- **Notification to selected participants via email:** by Friday, March 23, 4:30 p.m.
- **Notification to other applicants via email:** by Tuesday, March 27, 4:30 p.m.
- **Tuition payment deadline:** Thursday, March 29, by 4:30 p.m. (\$350 tuition plus additional fees for textbooks)
- **Classes start Tuesday, April 3.** Class will meet every Tuesday/Thursday from 5:30 p.m. - 8:30 p.m. through June 28. (Class will not be held on April 5.)



# LOUISIANA INSURANCE ACADEMY Program & Scholarship Application Spring 2018

Please type or print legibly. Visit <http://www.dcc.edu/LIA> for full application packet and instructions.

Last Name	First Name	Middle Name	Delgado student ID # (if applicable)
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Phone #1	Phone #2	Email Address
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Mailing Address:

Street	City	State	Zip
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## EDUCATION

Institution Attended	Location	Degree	Major

## EMPLOYMENT HISTORY

List all employment. Start with present or most recent position. Include all jobs since age 18 (or last 4 jobs, whichever is less).

Employer (Present or Most Recent)	Street Address, City, State, Zip	
Your Job Title	Supervisor	
Description of your duties:	From (Mo./Yr.)	To (Mo./Yr.)
	Reason for Leaving	

Employer	Street Address, City, State, Zip	
Your Job Title	Supervisor	
Description of your duties:	From (Mo./Yr.)	To (Mo./Yr.)
	Reason for Leaving	

Employer	Street Address, City, State, Zip	
Your Job Title	Supervisor	
Description of your duties:	From (Mo./Yr.)	To (Mo./Yr.)
	Reason for Leaving	

Employer	Street Address, City, State, Zip	
Your Job Title	Supervisor	
Description of your duties:	From (Mo./Yr.)	To (Mo./Yr.)
	Reason for Leaving	

**Please indicate your level of expertise with the software listed below.**

**Microsoft Excel**      ☐ Beginner      ☐ Intermediate      ☐ Advanced

**Microsoft Word**      ☐ Beginner      ☐ Intermediate      ☐ Advanced

**Microsoft Outlook**      ☐ Beginner      ☐ Intermediate      ☐ Advanced

**Microsoft Windows**      ☐ Beginner      ☐ Intermediate      ☐ Advanced

**Can you type?**      ☐ No      ☐ Yes \_\_\_\_      \_\_\_\_ WPM

**REFERENCES (Other than Relatives)**

Names

Phone Numbers

**SUPPLEMENTARY DATA (Awards, Honors, Affiliations and Memberships, Community and Professional Activities, etc.)**

**By signing below:**

- I give permission to the LIA selection committee to access my student records at Delgado Community College for the purpose of verifying graduation. (Applicable to DCC graduates only.)
- I understand that I will be required to submit additional paperwork upon being accepted into the program.
- I give permission for my photograph to be taken during this program and used by DCC for public relations purposes.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



## LOUISIANA INSURANCE ACADEMY Program Rules and Policies Spring 2018

**Please initial each box, then sign and date below.**

	I commit to attending all class sessions of the Louisiana Insurance Academy program for which I enroll, as well as getting to class on time. If I must miss a class, I will notify the DCC Continuing Education office via phone (504-671-6474) or email ( <a href="mailto:noncredit@dcc.edu">noncredit@dcc.edu</a> ) and I will be responsible for making up any material I have missed. Excessive absences or tardiness may result in my removal from the program and ineligibility for a refund of any tuition or fees.
	I commit to studying instructional materials outside of the classroom to prepare for any required tests and exams.
	I will conduct myself in a respectful and courteous manner towards my classmates, instructors, and DCC staff.
	I am aware that a student may be removed from the LIA program, and ineligible for a refund on any tuition or other fees, if he or she commits or attempts to commit any act of misconduct on the DCC campus, or at any activity, function, or event sponsored or supervised by DCC, including but not limited to: 1. Possession, use or distribution of an illegal or controlled substance, or look-alike drug. 2. Unauthorized and/or illegal possession, use or distribution of any alcoholic beverage. 3. Theft of property or services. 4. Intentional or willful and wanton destruction of property. 5. Assault and/or battery. 6. Possession of a weapon. 7. Conduct which constitutes harassment or abuse that threatens the mental well-being, health, or safety of an individual.

Applicant's Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_