

Location: Busan, Korea

Dates: February 2-4, 2024

Application Due Date: October 20, 2023

The purpose of the Advanced Lions Leadership Institute (ALLI) is to provide Lions leaders with an opportunity to enhance skills in preparation for leadership responsibilities at the zone, region, and district levels.

Review the information provided below to ensure that your application meets the requirements for submission.

Applicant Qualifications

Candidates for ALLI must meet all gualifications before applying:

- Current member of a club within the constitutional • area
- Completed a full term as club president. .
- Not vet attained the position of First Vice District Governor *
- Has not attended an ALLI within the last five (5) years. (International or Local)
- Capable of understanding and participating in the language of instruction at this institute.

*Second Vice District Governors are highly encouraged to apply.

Application Submission Process

Application Due Date: October 20, 2023 Submission of this application does not guarantee acceptance to the institute. Ensure that your application is complete, and all questions have been thoroughly answered. Applications are evaluated based on the applicants' qualifications, experiences and endorsements from the district leaders.

- Applicant completes sections 1 through 3. District Governor and GLT District Coordinator complete section 4. Applicants from undistricted areas, should have section 4 completed by the country's coordinating lion and GAT Area Leader.
- Completed applications should be emailed to institutes@lionsclubs.org by the application due date above.
- Lions Clubs International (LCI) will email a confirmation of receipt within 7-10 business days.
- All applicants will be notified of selection status approximately 4 weeks after the application deadline via the email address provided on the application form.

TIP: For ease of completion, this application has been created in PDF typable format. In order to type directly onto the application, you must have Adobe Reader. Download it for free at the secured website, https://www.adobe.com. It is also recommended that you download the application from the LCI website and save it to your computer before completing.

Participant Expectations

Upon acceptance to the institute, participants are obligated to the following:

- Attend all sessions and meals of the 3-day institute. •
- Arrange personal travel to and from the institute.
- Complete pre-assignments prior to arrival.
- Pay a non-refundable participant fee of US\$125.00.



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	1: Applic	ant Information			
District:	Member Number:				
First/Given Name:	e: Last/Family Name:				
Email*:	Phone Number:				
*Required information for <u>all</u> institute correspo	ondence; it is	recommended that you prov	ide a unique, pers	sonal email address.	
State/Province:	Cour	ntry:		_	
Club Number:	Club Name:				
Current Lions Title:					
Select Preferred Language(s) of Instruction:	Englis	sh 🗌 Chinese	☐ Japanese	☐ Korean	
If you selected more than one language, plea	ase indicate	your <u>first choice</u> :			
 I confirm that I am capable of understand skills in the language(s) selected above. How did you hear about this institute? Lions digest email Lions memb 	Area leade	er informed me 🔲 Websit	e 🔲 Social m	edia	
	2: E	xperience			
1. Provide a list of club level officer/committee held (include years for each role). If none, ple indicate "None" below:		2. Provide a list of multiple officer/committee roles he please indicate "None" bel	ld (include years		
Title:	Year:	Title:		Year:	
3. Provide a list of Lions Leadership Institutes	previously a	ttended (name, location & ye	ear) If none, pleas	se indicate below:	
Institute Name:		Location:		Year:	



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Last/Family Name:

Member Number:

3: Personal Interest

1. Explain why you want to attend the ALLI. How will your participation at the ALLI benefit yourself, your club and your district? (250 words or less)

2. Please provide additional information that will help in the evaluation of your application. (250 words or less)



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Last	t/Family Name:	Member Number:			
		rsements & Signatures I signatures below will NOT be considered for participation)			
	l <mark>icant</mark> ected to attend, I understand and agree to the fo	llowing:			
	Participation and COVID-19: Participation at institutes is voluntary. Should any participant test positive for COVID-19 while at the institute and be held to quarantine regulations by the country they are in or the return to their country of orig any required isolation expenses, including hotel accommodations and meals during this time, will be a personal expense				
	Additional Insurance: I understand that Lions Clubs International is not responsible for personal costs, including but no limited to, those associated with the following: illness, unanticipated or other personal events, lost or stolen property. is recommended that participants have travel/medical insurance to cover these or other unanticipated costs.				
		agree that if I am selected to attend and do not cancel my registration for 15 days prior to the institute , my district will be billed for one night's nt according to board policy.			
Name	e	Signature			
Many	<u>ict Governor*</u> (*For undistricted areas, the Coorc y applications are received for every ALLI. Please nstitute. (200 words or less):	dinating Lion must complete this section.) e explain why you feel this applicant should be among those accepted to			
	$^{-\!\!-\!\!-\!\!-}$ and does not cancel his/her registration for th	nd agree that in the event the above-named applicant is selected to attend ne ALLI in writing to institutes@lionsclubs.org 15 days prior to the nt's meals and lodging for each day that the participant is absent according			
	I certify that this applicant from my district/GAT area is qualified and able to successfully participate in the ALLI.				
	Should the applicant be accepted, I confirm th gained at the ALLI.	hat the district team will encourage the participant to apply the skills			
Name	e: District Governor/Coordinating Lion (undistricted	ed areas) Signature			

Email (please print)

Member Number

Date





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Last/Family Name:

Member Number:

<u>GLT District Coordinator</u>* (*For undistricted areas the GAT Area Leader must complete this section.) Many applications are received for every ALLI. Please explain why you feel this applicant should be among those accepted to this institute. (200 words or less):

I certify that this Lion is a qualified applicant from my district/GAT area and is able to successfully participate in the ALLI.

Signature

I confirm that the district team will encourage the participant to apply the skills gained at the ALLI.

Name: GLT District Coordinator/GAT Area Leader

Email (please print)

Member Number

Date

