AIFD Education Partner: List of students eligible to receive CFD invitation (PLEASE TYPE IN INFO, DO NOT HAND WRITE) AIFD Education Partner: AIFD Instructor/Advisor Submitting Application: Phone number and email address: Date of Course Completion: Student First Name Middle Name Last Name Email address Phone number Preferred FULL Mailing Address Organization (if business address) AIFD Education Partner: AIFD Instructor/Advisor Submitting Application: Phone number Preferred FULL Mailing Address Organization (if business address) AIFD Education Partner: AIFD