

# Oklahoma Chapter of the National Emergency Number Association

## 2025 Telecommunicator Scholarship Application

1. DEADLINE for scholarship application is February 1, 2025.
2. Type or print legibly in blue or black ink. Illegible applications will be returned.
3. If you have any questions about the application, please email your OklaNENA representative located at <http://www.oklanena.com/about-oklanena.html>

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1. \_\_\_\_\_  
First Name Last Name

2. \_\_\_\_\_ 3. \_\_\_\_\_  
NENA Membership Number Years of Membership

4. \_\_\_\_\_ 5. \_\_\_\_\_  
Agency Years of Service

6. \_\_\_\_\_ 7. \_\_\_\_\_  
Title/Position with Agency Years in Current Position

8. \_\_\_\_\_  
Mailing (Street) Address

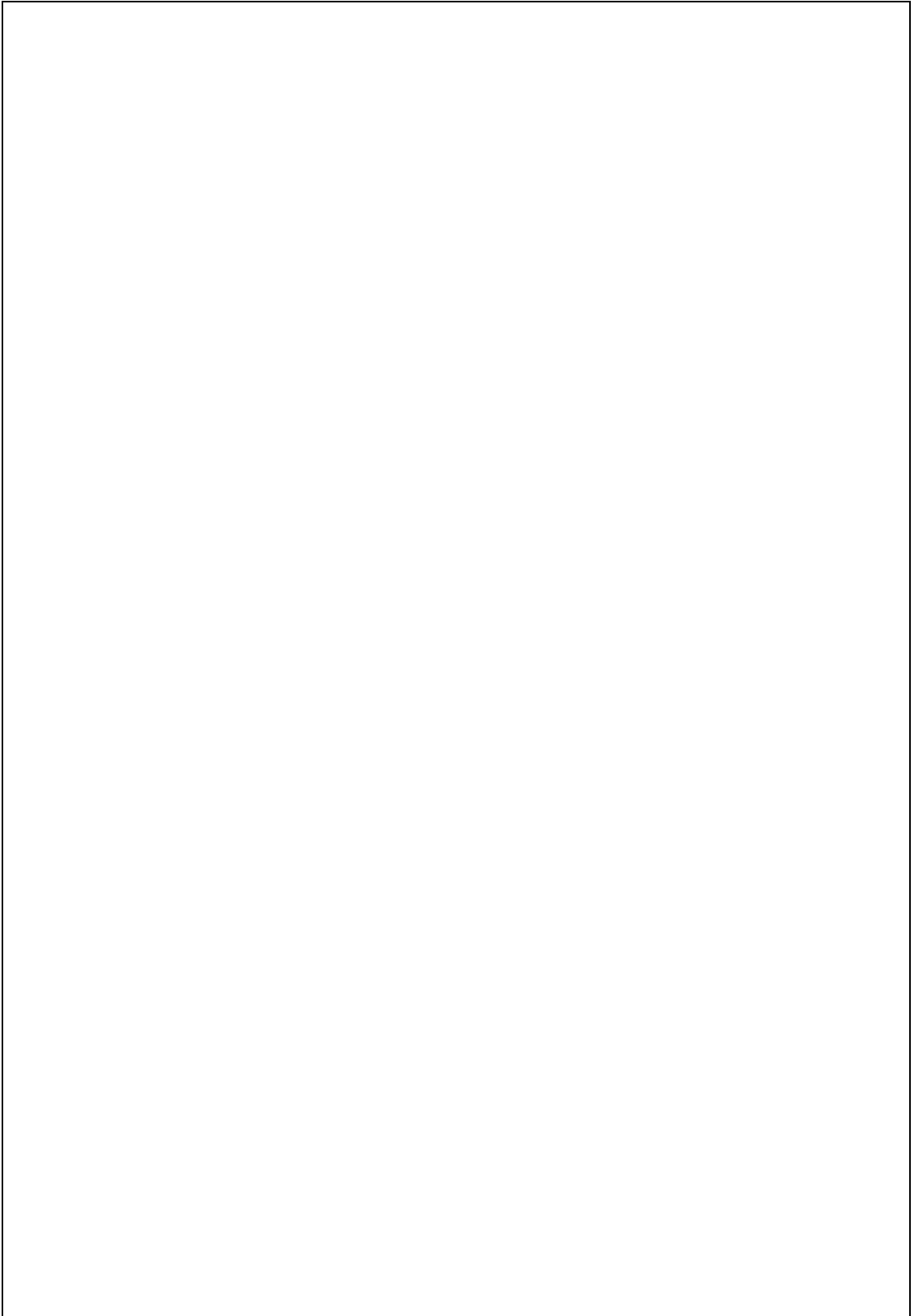
\_\_\_\_\_ City State Zip

9. \_\_\_\_\_ 10. \_\_\_\_\_  
Primary Phone Number Alternate Phone Number

11. \_\_\_\_\_  
Email Address

- 12. Describe how this scholarship will have an affect on you as a 9-1-1 Professional and how you will be able to make contributions to 9-1-1 in Oklahoma.**

**13. What are your future career goals after completing the NENA course?**



**14. List at least three professional references:**

_____ Name of Reference 1	_____ Name of Reference 2
_____ Professional Title	_____ Professional Title
_____ Phone Number	_____ Phone Number
_____ Email	_____ Email
_____ Name of Reference 3	_____ Name of Reference 4
_____ Professional Title	_____ Professional Title
_____ Phone Number	_____ Phone Number
_____ Email	_____ Email

**15. Please provide a current resume which includes experience and positions held on the state or national level with NENA, trainings and certifications, and any other positions held on committees or professional associations at the local, state, or national level.**

**16. List three NENA courses you would like to attend.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_ Initial

I understand I have one (1) year to complete the course once the scholarship has been awarded and will be responsible for maintaining monthly contact with the assigned OklaNENA regional representative regarding my status of the course progress. If I do not complete the entire process within one (1) year, I must reapply for the scholarship.

\_\_\_\_\_ Initial

I understand the Oklahoma Chapter of NENA will pay the cost of the NENA Member Course Fee only. Any costs associated with NENA membership dues, study materials, travel, meals, and/or incidentals are the responsibility of the scholarship recipient.

\_\_\_\_\_ Initial

I understand the Oklahoma Chapter of NENA may request additional documentation and/or clarification for with my scholarship application.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Email the completed application to the current OklaNENA President.