

Oklahoma Chapter of the National Emergency Number Association

2025 Winter/Spring Scholarship Application

1. DEADLINE for scholarship application is December 1, 2024.
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>



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

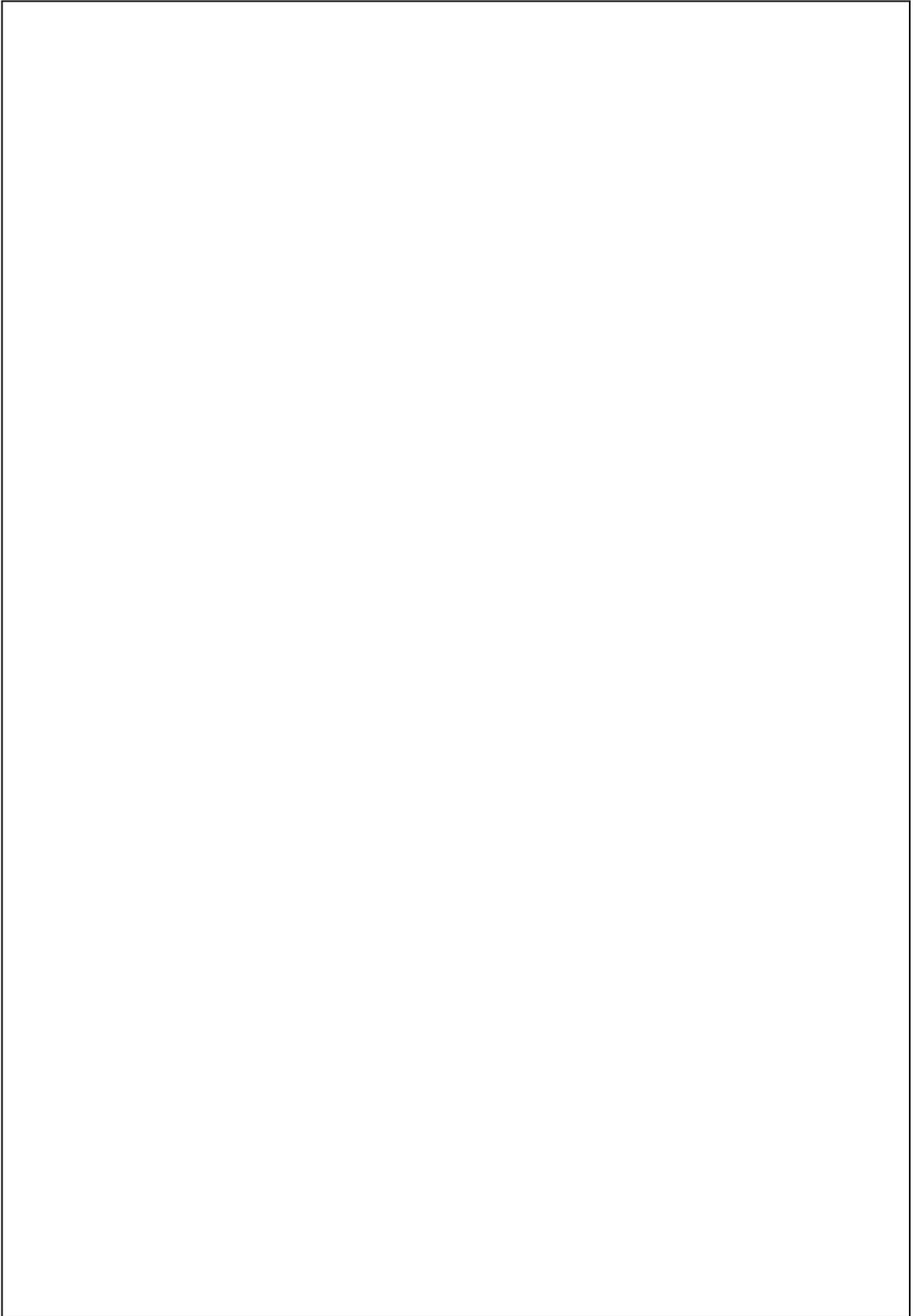
City State Zip

9. _____ 10. _____
Primary Phone Number Alternate Phone Number

11. _____
Email Address

- 12. Describe how this scholarship for the ENP certification will have an affect on you as a 9-1-1 Professional and how you intend to make contributions to the Oklahoma Chapter of NENA and the members.**

13. What are your future career goals after earning your ENP?

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above.

If you have not joined a study group for the ENP, do you plan on joining one? Yes No

Study Group: _____

Have you met all requirements to complete the exam for the ENP? Yes No

Have you already completed the ENP certification application? Yes No

Do you have support from your agency to apply for this scholarship? Yes No

Do you have support from your agency to pursue your ENP certification? Yes No

Does your agency have the funds to allow for this certification without the aid of this scholarship? Yes No

Have you earned your ENP certification in the past? Yes No

As of the date of the application, how many total eligible points toward earning your ENP certification have you obtained? _____

Do you plan to take the Winter or Spring 2025 ENP exam? _____



Initial I understand I have one (1) year to complete the application, studying and exam-taking process and will be responsible for maintaining monthly contact with the assigned OklaNENA regional representative regarding my status of the certification process. 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 Testing 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.

Printed Name of Applicant

Date

Signature of Applicant

Email the completed form to the current OklaNENA President