

Training Scholarship

This scholarship will pay the cost associated with class registration fees and/or training courses.

The beneficiaries of this scholarship will be selected by the Texas NENA Scholarship Committee.

Criteria:

* Applicants must be TX NENA members and employed on a full or part-time basis by a public safety agency.
* Verification of prior approval to attend training must be obtained before application submission.

Scholarship Details

* TXNENA Scholarship Committee will review and award scholarships in a timely matter.
* Amount of scholarship awarded dependent upon monies available at time of submission.

The Scholarship Committee has final responsibility for determining the scholarship recipient for each region.

Application submission does not automatically qualify as approval.

Please visit [www.texasnena.org](http://www.texasnena.org) for more information.

Telecommunicator Training Scholarship 

This scholarship will pay the cost associated with class registration fees.

.

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years in your current position \_\_\_\_\_\_\_\_\_\_\_\_\_ Years in Public Safety\_\_\_\_\_\_\_\_\_\_\_

How will attending this training benefit you in your current position and/or as a 9-1-1 Professional?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NENA Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that the basis for the scholarship is financial need. I hereby make application to Texas NENA for the Telecommunicator Training Scholarship based on the inability of my agency or county to pay the cost associated with taking said training course. Please note: Texas NENA will pay the NENA Member cost for said training. Any cost associated with NENA membership dues, travel, meals and/or incidentals are the responsibility of the recipient.*

Applicant Signature:

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature:

Date: \_\_\_\_\_\_\_\_\_\_\_\_

The Scholarship Committee has final responsibility for determining the scholarship recipient for each region.

Application submission does not automatically qualify as approval.

Please visit [www.texasnena.org](http://www.texasnena.org) for more information.