



#### Purpose

- To assist public safety education professionals in reaching a higher level of knowledge by participating in the Annual NPEF Conference.
- To provide public safety education professionals financial assistance, when needed, for educational opportunities provided by NPEF and thereby enhance the public safety educator profession.

#### Criteria

- The applicant's employing agency must be financially UNABLE to pay the cost of attending the NPEF conference.
- Applicants must be employed on a full-time basis by a public safety agency, 9-1-1 administrative organization, or official 9-1-1 planning board.
- Applicant must not have received a scholarship in the previous program year.

#### Description of Awards

- Scholarships will be awarded for the Annual NPEF Conference.
- Recipients may receive accommodations for up to 4 nights at a hotel of NPEF's choosing, and/or registration fee for the full Annual NPEF Conference.

#### Responsibilities of Recipients

- Scholarship recipients must attend the full conference, barring illness or unforeseen emergencies. In case of an applicant being unable to attend the specified conference, the applicant may re-apply at any time to attend a future conference.
- Scholarships are not transferable to another individual.

#### Application Deadline

NPEF Scholarship Committee must receive the 2020 application no later than 5pm (CST) December 31, 2019.

## 2020 NPEF Conference Scholarship

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

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

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

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

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

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Type of Scholarship you are applying for: (check one)

Full Scholarship (Hotel & Registration)

Hotel Only

Registration Only

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

Briefly describe your current responsibilities: \_\_\_\_\_

How will attending this conference benefit you as a Public Safety Education Professional? (attach additional page, if needed)

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

I understand the basis for the scholarship is financial need. I hereby make application to NPEF for the scholarship based on the inability of my agency or county to pay the full cost of attending the Annual Conference. Travel, meals and incidentals are the responsibility of the recipient.

Applicant  
Signature: \_\_\_\_\_

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

County of City Official  
Signature: \_\_\_\_\_

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

**Please return this completed application by mail, fax, or email to:**

Stephanie Andrade/Rocha

3702 Loop 322 Abilene, TX 79602

Fax 325-793-8483 npefscholarships@gmail.com