

Illinois NENA ~ Educational Grant Application
Fill out form on-line and print application

INENA Region Number:	INENA Regional Vice-President:	
Agency Name:	Agency Address:	
Contact Name:	Telephone Number:	
Class Name:	Class Date(s):	
Class Instructor:	Total Number of Class Hours:	
Class Location:	Total Number of Attendees:	
Estimated Funding Information		
Item Description:	Estimated Expense:	
Item Description:	Estimated Expense:	
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Item Description:	Estimated Expense:	
Grant Amount Requested:	Date Submitted:	
Brief Description of Grant Purpose:		
Relationship to the Promotion of 9-1-1 in Illinois:		
Contact Signature:	Title:	Phone#:
<i>Grant proceeds can only be used to cover the cost of instructor fees. All applications must be submitted to your INENA Regional Vice-President 90 days prior to the class date. INENA Regional Vice-President contact information can be obtained from the INENA web site at www.illinoisnena.org</i>		