ASSC	ERICAN DCIATION O KEEPERS	AAZK Na	OCIATION OF ZO e Member Gran ntional Conferent nt Application	t -	Corrates commented and interesting interesting metering interestin	
(		JCTIONS CAREFULL	Y – COMPLETE BO	OTH PAGES O	F THE APPLICATION	
		Applicants <b>must</b> sul		• • • •		
	curriculun	n vitae (CV); 2 lette	rs of support, inc	luding 1 from	a supervisor	
	SUBMIT COM	PLETED APPLICATIC	N AND SUPPLEN	IENTAL DOCU	IMENTATION TO:	
			ra Chapman, Cha			
			Grants Committ	ee		
			rants@AAZK.org	ION		
NAME						
EMAIL			TELEPHC	TELEPHONE		
POSITION	NTITLE		FACILITY	FACILITY		
FACILITY	ADDRESS					
			T AND AAZK INFO			
YEARS OF EXPERIENCE NATIONAL AAZK AFFI					AS AAZK AFFILIATE MEMBER	
		YES	YES NO			
			IOUS CONFERENC	CES		
YEAR(S) CONFERENCE			YEAR(S)	CONFERENC	ÈE	
AZA STU	DBOOK/TAG MEN	MBER STUDBOOK	/TAG NAME(S) AN	ND POSITIONS	HELD	

NATIONAL AAZK COMMITTEE OR PROGRAM EXPERIENCE		COMMITTEE/PROGRAM NAME(S) AND POSITIONS HELD			
YES	NO				
PREVIOUS AAZK GRANTS		YEAR(S)	AAZK GRANT RECEIVED		
YES					
NO					

AMERICAN ASSOCIATION of ZOO KEEPERS	AMERICAN ASSOCIATIO Affiliate Memb AAZK National ( Grant Appl CONTINUING EDU	<b>per Grant</b> - Conference ication	AMOUNT REQUESTED					
TRAVEL DATES		I WILL ACCEPT PARTIA						
FROM	то	YES	NO					
DESCRIBE ANY MATCHING								
-	escribe in detail how attend r career goals and continui	-	-					
TO BE COMPLETED BY APPLICANT								
I have read the AAZK Grant Submission Guidelines and understand that failure to comply with the Guidelines may result in revocation of the AAZK Affiliate Member Grant.								
APPLICANT'S SIGNATURE		DATE						
<b>TO BE COMPLETED BY FACILITY DIRECTOR OR REPRESENTATIVE</b> I endorse the Continuing Education Event described herein to be attended by the Applicant.								