

AMERICAN ASSOCIATION OF ZOO KEEPERS

AAZK National Conference -

Affiliate Member Grant

Application



FOLLOW INSTRUCTIONS CAREFULLY - COMPLETE BOTH PAGES OF THE APPLICATION

All Applicants must submit with this completed application: curriculum vitae (CV); 2 letters of support, including 1 from a supervisor

SUBMIT COMPLETED APPLICATION AND SUPPLEMENTAL DOCUMENTATION TO:

Kendall Moore, Chair AAZK Grants Committee Grants@AAZK.org

314113(871/1211.016									
APPLICANT INFORMATION									
NAME (PREFERRED PRONOUNS)									
EMAIL				TELEPHONE					
POSITION TITLE				FACILITY					
FACILITY ADDRESS									
EMPLOYMENT AND AAZK INFORMATION									
YEARS OF EXPERIENCE		NAT	TIONAL AAZK AFF	ILIATE MEMB	ER	YEARS AS AAZK AFFILIATE MEMBER			
			YES	NO					
PREVIOUS CONFERENCES									
YEAR(S) CONFERENCE				YEAR(S)	COI	NFERENCE			
AZA STUDBOOK/TAG MEMBER			STUDBOOK/TAG NAME(S) AND POSITIONS HELD						
YES NO		0							
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									



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	CONTINUING EDU	CATION FORLIM							
TITLE OF EVENT	CONTINUING LDO	CATION TORON	ANAQUAIT DEQUECTED						
TITLE OF EVENT			AMOUNT REQUESTED						
		T							
TRAVEL DATES		I WILL ACCEPT PARTIAL FUNDING							
FROM TO		YES	NO						
DESCRIBE ANY MATCHING FUNDS									
In up to 250 words, describe in detail how attending the AAZK National Conference will directly									
benefit your career goals and continuing education, as well as your facility.									
	TO BE COMPLETE	D BY APPLICANT							
I have read the AAZK Grant :	Submission Guidelines	and understand that failu	re to comply with the						
Guidelines may result in revocation of the AAZK Affiliate Member Grant.									
APPLICANT'S SIGNATURE		DATE							
TO BE COMPLETED BY FACILITY DIRECTOR OR REPRESENTATIVE									
I endorse the Continuing Education Event described herein to be attended by the Applicant.									
3			, , , ,						
SIGNATURE	TITLE		DATE						