



AMERICAN ASSOCIATION OF ZOO KEEPERS

**Professional Development Grant**  
*Not Associated with the AAZK National Conference*

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

**APPLICANT INFORMATION**

NAME (PREFERRED PRONOUNS)

EMAIL

TELEPHONE

POSITION TITLE

FACILITY

FACILITY ADDRESS

**EMPLOYMENT AND AAZK INFORMATION**

YEARS OF EXPERIENCE

AAZK MEMBER

YEARS AS AAZK MEMBER

YES

NO

**PREVIOUS CONFERENCES**

YEAR(S)

CONFERENCE

YEAR(S)

CONFERENCE

AZA STUDBOOK/TAG MEMBER

STUDBOOK/TAG NAME(S)

YES

NO

AAZK COMMITTEE/PROGRAM EXPERIENCE

COMMITTEE/PROGRAM NAME(S)

YES

NO

PREVIOUS AAZK GRANTS

YEAR(S)

AAZK GRANT RECEIVED

YES

NO



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CONTINUING EDUCATION FORUM	
TITLE OF EVENT	AMOUNT REQUESTED
TRAVEL DATES FROM TO	I WILL ACCEPT PARTIAL FUNDING YES NO
DESCRIBE ANY MATCHING FUNDS	
<p><b>Completely describe the Project or Continuing Education Event for which you are applying and how it will directly benefit your continuing education and your facility.</b></p>	
<p align="center"><b>TO BE COMPLETED BY APPLICANT</b></p> <p align="center"><i>I have read the AAZK Grant Submission Guidelines and understand that failure to comply with the Guidelines may result in revocation of the AAZK Professional Development Grant.</i></p> <p>APPLICANT'S SIGNATURE DATE</p>	
<p align="center"><b>TO BE COMPLETED BY FACILITY DIRECTOR</b></p> <p align="center"><i>I endorse the Continuing Education Event described herein to be attended by the Applicant.</i></p> <p>FACILITY DIRECTOR'S SIGNATURE DATE</p>	