

AMERICAN ASSOCIATION OF ZOO KEEPERS

Conservation, Preservation and Restoration (CPR) Grant





FOLLOW INSTRUCTIONS CAREFULLY - COMPLETE BOTH PAGES OF THE APPLICATION

All Applicants \boldsymbol{must} submit with this completed application:

curriculum vitae (CV);

complete project proposal including proposed budget (2 pages maximum);
2 letters of support, including 1 from a supervisor

SUBMIT COMPLETED APPLICATION AND SUPPLEMENTAL DOCUMENTATION TO: Electronic (preferred) Mail

Jessica (Munson) Biggins, Chair AAZK Grants Committee Jessica.Munson@AAZK.org Jessica (Munson) Biggins, Chair AAZK Grants Committee Milwaukee County Zoo 10001 W. Bluemound Road Milwaukee, WI 53226-4346

PRINCIPAL INVESTIGATOR INFORMATION				
NAME				
EMAIL		TELEPHONE		
POSITION TITLE		FACILITY		
FACILITY ADDRESS				
ADDITIONAL INVESTIGATORS				
NAME	TITLE	INSTITUTION	EMAIL	
TO BE COMPLETED BY FACILITY DIRECTOR				
I endorse the study described herein to be conducted at the facility listed above.				
FACILITY DIRECTOR'S SIGNATURE		DATE		



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RESEARCH	I PROJECT			
TITLE OF PROPOSAL				
PROJECT DATES				
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FROM	10			
AMOUNT REQUESTED	I WILL ACCEPT PARTIAL FUNDING			
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	YES NO			
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ABSTRACT OF RESEARCH PLAN				
The abstract should be self-contained and should not exceed the space provided.				
TO BE COMPLETED BY APPLICANT AS PRINCIPAL INVESTIGATOR				
I have read the AAZK Grant Submission Guidelines and understand that failure to comply with the				
Guidelines may result in revocation of the AAZK CPR Grant.				
Galacilles may result in revol	ation of the MAZING IN Grant.			
PRINCIPAL INVESTIGATOR SIGNATURE	DATE			