

AMERICAN ASSOCIATION OF ZOO KEEPERS

Professional Development Grant AAZK National Conference

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:

Jessica Biggins, Chair AAZK Grants Committee Jessica.Munson@AAZK.org

Jessica.Munson@AAZK.org							
APPLICANT INFORMATION							
NAME							
EMAIL			TELEPHO	TELEPHONE			
POSITION TITLE			FACILITY	FACILITY			
FACILITY							
IACILITI	ADDINESS						
EMPLOYMENT AND AAZK INFORMATION							
YEARS OF EXPERIENCE		AAZK MEMBER			YEARS AS AAZK MEMBER		
		YES	NO				
PREVIOUS CONFERENCES							
YEAR(S) CONFERENCE			YEAR(S)	COI	NFERENCE		
AZA STUI	DBOOK/TAG MEMBER	STUDBOOK/TAG NAME(S)					
YES NO							
AAZK COMMITTEE/PROGRAM		COMMITTEE/PROGRAM NAME(S)					
EXPERIENCE							
YES NO							
PREVIOUS AAZK GRANTS		YEAR(S)	AAZK GRANT RECEIVED				
YES							
NO							
		1					



AMERICAN ASSOCIATION OF ZOO KEEPERS

Professional Development Grant AAZK National Conference

Grant Application



CONTINUING EDUCATION FORUM							
TITLE OF EVENT		AMOUNT REQUESTED					
	,						
TRAVEL DATES	I WILL ACCEPT PARTIAL FUNDING						
FROM TO	YES	NO					
DESCRIBE ANY MATCHING FUNDS							
Completely describe how attending the AAZK National Conference will directly benefit your							
continuing education and your facility.							
TO BE COMPLETED BY APPLICANT							
I have read the AAZK Grant Submission Guideline.	s and understand that failu	re to comply with the					
Guidelines may result in revocation of the AAZK Conference Professional Development Grant.							
		·					
APPLICANT'S SIGNATURE	DATE						
TO BE COMPLETED BY FACILITY DIRECTOR							
I endorse the Continuing Education Event described herein to be attended by the Applicant.							
FACILITY DIRECTOR'S SIGNATURE	DATE						