ASSO	ERICAN DCIATION O KEEPERS		RICAN ASSOCIA Professional De AAZK Nation Grant A	velop nal Co	oment ( onferen	Gran	Trants			
FOLLOW INSTRUCTIONS CAREFULLY – COMPLETE BOTH PAGES OF THE APPLICATION										
All Applicants <b>must</b> submit with this completed application: curriculum vitae (CV); 2 letters of support, including 1 from a supervisor										
SUBMIT COMPLETED APPLICATION AND SUPPLEMENTAL DOCUMENTATION TO: Laura Chapman, Chair										
AAZK Grants Committee										
Grants@AAZK.org										
APPLICANT INFORMATION										
NAME										
EMAIL				TE	TELEPHONE					
POSITION TITLE				FACILITY						
FACILITY	ADDRESS									
		E	MPLOYMENT AN		ZK INFC	) RM/	ATION			
YEARS OF EXPERIENCE			AAZK MEMBER				YEARS AS AAZK MEMBER			
			YES		NO					
		PREVIOUS	S CON							
YEAR(S) CONFERENCE			YEAR(S) CONFER			NFERENCE				
			STUDBOOK/TAG NAME(S)							
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			x - 7							
NO										

AMERICAN ASSOCIATION of ZOO KEEPERS	AMERICAN ASSOCIATIO Professional Develo AAZK National O Grant Appl	opment Grant - Conference ication	COMMENTEE COMMEN							
TITLE OF EVENT			AMOUNT REQUESTED							
TRAVEL DATES		I WILL ACCEPT PARTIA	L FUNDING							
FROM	то	YES	NO							
DESCRIBE ANY MATCHING										
Completely describe	e how attending the AAZK N		ill directly benefit your							
	continuing education	n and your facility.								
	TO BE COMPLETE	D BY APPLICANT								
Lhave read the AAZK	Grant Submission Guidelines		ailure to comply with the							
	It in revocation of the AAZK									
APPLICANT'S SIGNATURE		DATE								
	TO BE COMPLETED BY	FACILITY DIRECTOR								
<i>I endorse the Conti</i>	inuing Education Event desc.	ribed herein to be atten	nded by the Applicant.							
FACILITY DIRECTOR'S SIGN		DATE								
Page 2 of 2										