

AMERICAN ASSOCIATION OF ZOO KEEPERS

Professional Development Grant Conferences, Meetings, or
Educational Opportunities
Not Associated with the 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 ADDRESS								
EMPLOYMENT AND AAZK INFORMATION								
YEARS OF EXPERIENCE			ZK MEMBER			YEARS AS AAZK MEMBER		
			YES	NO				
			PREVIOUS	S CONFERENC	ES			
YEAR(S) CONFERENCE				YEAR(S)	COI	NFERENCE		
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	I WILL ACCEPT PARTIAL FUNDING							
FROM TO	YES	NO						
DESCRIBE ANY MATCHING FUNDS								
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.								
TO BE COMPLETED BY APPLICANT								
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.								
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							