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| C:\Users\joe\Desktop\AAZK color LOGO  stamps.gif  AMERICAN ASSOCIATION OF ZOO KEEPERS (AAZK)  **AAZK Conference Latin American Travel Grant  (LATG)**  Professional Development Grant Application  Rev MARCH2020 |

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| FOLLOW INSTRUCTIONS CAREFULLY – COMPLETE ALL PAGES OF THE APPLICATION  All applicants must submit the completed application and two (2) letters of support – one from your facility and one from another party. Please see application instructions for details regarding the letter requirements. | | | | | | |
| **Applicant Information** | | | | | | |
| Name: |  | | | | | |
| Position Title: |  | | | | | |
| Facility’s Name: |  | | | | | |
| Facility’s Address: |  | | | | | |
| Your E-Mail: |  | | | | | |
| Your Telephone (with country codes): |  | | | | Do you use WhatsApp? | (Y/N) |
| Do you speak/ understand English? Would you need information to be translated to be able to participate? |  | | | | | |
| **Employment Information** | | | | | | |
| Years of Keeper Experience: |  | | | | | |
| Years at Current Facility: |  | | | | | |
| List Previous Facilities You Have Worked At: |  | | | | | |
| What animals do you work with? |  | | | | | |
| Are you a supervisor? If yes, how many people do you supervise and how? |  | | | | | |
| Name conferences you have attended and dates (national and international): |  | | | | | |
| If you participate in conservation activities and/or other groups outside of your job, briefly describe what they are and what your participation consists of: |  | | | | | |
| Are you an AAZK Member or have you received an AAZK Member sponsorship? | (Y/N) | If yes, how many years? If known, list your member start date and sponsor(s). | | |  | |
| Are you a member of any another association or group? | (Y/N) | Name groups and capacity: | | |  | |
| Have you applied for this grant, the AAZK LATG, before? | (Y/N) | How many times and when? | | |  | |
| **Professional Development** | | | | | | |
| Have you participated in a program(s) at your facility? | (Y/N) | If yes, list programs and how you participate. | | |  | |
| Where do you see yourself in 5 years? |  | | | | | |
| What has been the greatest achievement in your career and why? |  | | | | | |
| Have you attended a conference before? | (Y/N) | If yes, what actions did you take with the knowledge you acquired? If no, what actions will you take with the knowledge you acquire? | | |  | |
| As part of receiving this grant, we ask that the grant recipient participate as an active member of AAZK. What will you do to fulfill this requirement and how will you do it? |  | | | | | |
| Do you have anything else you would like to share with us? |  | | | | | |
| **Continuing Education Forum** | | | | | | |
| This Grant is to attend the AAZK National Conference. List year and location you hope to attend. | Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Travel Dates: | From: | | | | To: | |
| Amount Requested:  (refunds only- receipts required; $2,000 limit; remember to include conference registration) | $ | | | | | |
| Intended Use of Funds: |  | | | | | |
| Describe any Matching Funds: |  | | | | | |
| Would you like to give a presentation at the conference? (Y/N) | (Y/N) | | Title of your presentation: |  | | |
| **To Be Completed By the Zoo/Aquarium Director** | | | | | | |
| I endorse the Continuing Education Event described herein to be attended by the Applicant  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zoo/Aquarium Director’s Signature Date | | | | | | |
| **To be Completed by the Applicant** | | | | | | |
| *I have read the Professional Development Grant guidelines and understand that failure to comply with the Guidelines may result in revocation of the AAZK Conference Latin American Travel Grant*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature Date | | | | | | |
| **For Office Use Only – Do Not Write Below This Line** | | | | | | |
| Date Received: |  | | | | | |
| Reviewers: |  | | | | | |
| Disposition and Date: |  | | | | | |
| **Submit Completed Application and Supplemental Documentation to:** | | | | | | |
| ***Electronic form due by November 15***  **Yvette Kemp, Chair**  **AAZK International Outreach Committee**  [**Yvette.Kemp@aazk.org**](mailto:Yvette.Kemp@aazk.org)  **Subject line: AAZK LATG Grant** | | | | | | |