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| C:\Users\joe\Desktop\AAZK color LOGO  stamps.gifAMERICAN ASSOCATION OF ZOO KEEPERS**Affiliate Member National Grant****AAZK National Conference** Grant ApplicationMarch 2019 |

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| FOLLOW INSTRUCTIONS CAREFULLY – COMPLETE BOTH PAGES OF THE APPLICATIONAll applicants must submit with this completed application; *curriculum vitae (CV),* two 2 letters of support, including 1 letter from a supervision  |
| **Applicant** |
| Name: |  |
| Position Title: |  |
| Zoo/Aquarium: |  |
| Facility Address: |  |
| E-Mail: |  |
| Telephone: |  |
| **Facility Employment and AAZK Information** |
| Previous Conferences: (list) |  |
| AZA Studbook, SSP, TAG, or Committee Member(Y/N) |  | Name/position and dates: |  |
| National AAZK Affiliate Member:  |  | Years: |  |
| **National** AAZK Committee Experience: (Y/N) |  | Position held and dates: |  |
| Previous AAZK Grants (List All) |  | List and Date: |  |
| Working toward becoming an animal care professional? | **Yes** |  | **No** |
| **AAZK National Conference**  |
| Dates:  |  |
| Amount Requested: | $ | To: |
| Intended Use of Funds: |  |
| Describe any Matching Funds: |  |
| If not awarded full amount will you still attend: (Y/N) |  |
| **Completely describe how attending the National AAZK Conference will directly benefit your continuing education and benefit your facility (up to 250 words):** |  |
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| **To be Completed by the Applicant**  |
| *I have read the AAZK Affiliate Member Grant guidelines and understand that failure to comply with the Guidelines may result in revocation of the AAZK Affiliate Member Grant*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s Signature Date |
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| **To Be Completed By the Facility Director or Facility Representative** |
| I endorse the Continuing Education Event described herein to be attended by the Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Title Date |