



AMERICAN ASSOCIATION OF ZOO KEEPERS
AAZK National Conference –
Professional Member 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:

Kendall Moore, Chair
 AAZK Grants Committee
 Grants@AAZK.org

APPLICANT INFORMATION

NAME (PREFERRED PRONOUNS)	
EMAIL	TELEPHONE
POSITION TITLE	FACILITY
FACILITY ADDRESS	

EMPLOYMENT AND AAZK INFORMATION

YEARS OF EXPERIENCE	AAZK MEMBER <input type="radio"/> YES <input type="radio"/> NO	YEARS AS AAZK MEMBER
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PREVIOUS CONFERENCES

YEAR(S)	CONFERENCE	YEAR(S)	CONFERENCE

AZA STUDBOOK/TAG MEMBER <input type="radio"/> YES <input type="radio"/> NO	STUDBOOK/TAG NAME(S)	
AAZK COMMITTEE/PROGRAM EXPERIENCE <input type="radio"/> YES <input type="radio"/> NO	COMMITTEE/PROGRAM NAME(S)	
PREVIOUS AAZK GRANTS <input type="radio"/> YES <input type="radio"/> NO	YEAR(S)	AAZK GRANT RECEIVED



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CONTINUING EDUCATION FORUM

TITLE OF EVENT	AMOUNT REQUESTED
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TRAVEL DATES FROM TO	I WILL ACCEPT PARTIAL FUNDING <input type="radio"/> YES <input type="radio"/> NO
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DESCRIBE ANY MATCHING FUNDS

Completely describe how attending the AAZK National Conference will directly benefit your continuing education and your facility.

(Large empty space for describing the benefits of attending the conference)

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 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