

AMERICAN ASSOCIATION OF ZOO KEEPERS
**Professional Development Grant
 Continuing Education**
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:

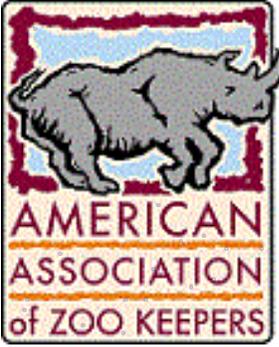
Laura Chapman, Chair
 AAZK Grants Committee
 Grants@AAZK.org

APPLICANT INFORMATION

NAME	
EMAIL	TELEPHONE
POSITION TITLE	FACILITY
FACILITY ADDRESS	

EMPLOYMENT AND AAZK INFORMATION

YEARS OF EXPERIENCE	AAZK MEMBER YES NO	YEARS AS AAZK MEMBER
PREVIOUS CONFERENCES		
YEAR(S)	CONFERENCE	YEAR(S) CONFERENCE
AZA STUDBOOK/TAG MEMBER YES NO	STUDBOOK/TAG NAME(S)	
AAZK COMMITTEE/PROGRAM EXPERIENCE YES NO	COMMITTEE/PROGRAM NAME(S)	
PREVIOUS AAZK GRANTS YES NO	YEAR(S)	AAZK GRANT RECEIVED



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CONTINUING EDUCATION FORUM	
TITLE OF EVENT	AMOUNT REQUESTED
TRAVEL DATES FROM TO	I WILL ACCEPT PARTIAL FUNDING YES NO
DESCRIBE ANY MATCHING FUNDS	
<p>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.</p>	
<p align="center">TO BE COMPLETED BY APPLICANT</p> <p align="center"><i>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.</i></p>	
APPLICANT'S SIGNATURE	DATE
<p align="center">TO BE COMPLETED BY FACILITY DIRECTOR</p> <p align="center"><i>I endorse the Continuing Education Event described herein to be attended by the Applicant.</i></p>	
FACILITY DIRECTOR'S SIGNATURE	DATE