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| C:\Users\joe\Desktop\AAZK color LOGO  stamps.gif  AMERICAN ASSOCIATION OF ZOO KEEPERS  **AAZK Conference Latin American Travel Grant**  Professional Development Grant Application  Rev 11/21/2016 |

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| FOLLOW INSTRUCTIONS CAREFULLY – COMPLETE BOTH PAGES OF THE APPLICATION  All applicants must submit with this completed application; *curriculum vitae,* three (3) letters of support, and how it will benefit the applicant and their institution. | | | |
| **Applicant** | | | |
| Name: |  | | |
| Position Title: |  | | |
| Zoo/Aquarium Name: |  | | |
| Facility Address: |  | | |
| E-Mail: |  | | |
| Telephone: |  | | |
| Do you speak/ understand English? Would you need information to be translated to be able to participate? |  | | |
| **Employment and Information** | | | |
| Years of Keeper Experience: |  | | |
| Years at This Facility: |  | | |
| What animals do you work with? |  | | |
| Are you a supervisor? If yes, how many people do you supervise and how? |  | | |
| List Previous Conferences You Have Attended  (national and international): |  | | |
| AZA Studbook or TAG Member (Y/N) |  | Name: |  |
| AAZK Member: (Y/N) |  | Years: |  |
| Are you on an AAZK Committee: (Y/N) |  | Name: |  |
| Previous AAZK Grants (List All) |  | List and Date: |  |
| Previous AAZK Awards (Y/N) |  | List and Date: |  |
| **Continuing Education Forum** | | | |
| This Grant is to attend the AAZK National Conference | Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Travel Dates: | From: | | To: |
| Amount Requested:  (refunds only- receipts required; $2,000 limit) | $ | | |
| Intended Use of Funds: |  | | |
| Describe any Matching Funds: |  | | |
| Presenting at the Event: (Y/N) |  | | |
| Title of 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 | | | |
| **Completely describe how attending the AAZK National Conference will directly benefit your continuing education and benefit your facility:** | | | |
| Do Not Exceed the Space Provided | | | |
| **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 (preferred) by February 1st***  **Jessica Biggins, Chair**  **AAZK Grants Committee**  [**Jessica.Munson@aazk.org**](file:///C:\Users\joe\Desktop\AAZK\Committees%20and%20Programs\Grants\AAZK%20CPR%20Grant\Jessica.Munson@aazk.org) | | ***Mail***  **Jessica Biggins, Chair**  **AAZK Grants Committee**  **Milwaukee County Zoo**  **10001 W. Bluemound Road**  **Milwaukee, WI 53226-4346** | |

Page 3 of 3