

AMERICAN ASSOCIATION OF ZOO KEEPERS
AAZK CONFERENCE
LATIN AMERICAN TRAVEL GRANT



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:

Email (preferred)

Yvette Kemp, Chair

AAZK International Outreach Committee (IOC)

Yvette.Kemp@AAZK.org

Mail

Yvette Kemp, Chair

AAZK International Outreach Committee (IOC)

P.O. Box 632984

San Diego, CA 92163

APPLICANT INFORMATION

NAME	
EMAIL	TELEPHONE
POSITION TITLE	FACILITY
FACILITY ADDRESS	
WHAT IS YOUR LEVEL OF ENGLISH COMPREHENSION?	

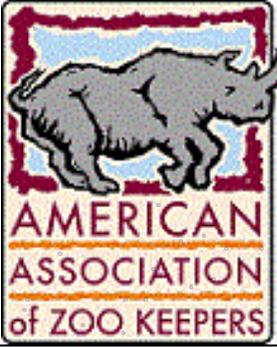
EMPLOYMENT AND AAZK INFORMATION

YEARS OF EXPERIENCE	SUPERVISOR	AAZK MEMBER	YEARS AS AAZK MEMBER
	YES NO	YES NO	

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		LOCATION	AMOUNT REQUESTED
PRESENTING AT EVENT YES NO	TITLE OF PRESENTATION		
TRAVEL DATES FROM TO		I WILL ACCEPT PARTIAL FUNDING YES NO	
DESCRIBE ANY MATCHING FUNDS			
Completely describe how attending the AAZK National Conference will directly benefit your continuing education and your facility.			
TO BE COMPLETED BY APPLICANT			
<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 Conference Latin American Travel Grant.</i>			
APPLICANT'S SIGNATURE		DATE	
TO BE COMPLETED BY FACILITY DIRECTOR			
<i>I endorse the Continuing Education Event described herein to be attended by the Applicant.</i>			
FACILITY DIRECTOR'S SIGNATURE		DATE	