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| C:\Users\joe\Desktop\AAZK color LOGO  stamps.gif  AMERICAN ASSOCIATION OF ZOO KEEPERS  **Professional Development Grant**  **AAZK National Conference**  Grant Application    Rev November 2017 |

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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 define the continuing education forum and how it will benefit the applicant and your institution. | |
| **Applicant** | |
| Name: |  |
| Position Title: |  |
| Zoo/Aquarium: |  |
| Facility Address: |  |
| E-Mail: |  |
| Telephone: |  |
| **To be Completed by the Applicant** | |
| *I have read the Professional Development guidelines and understand that failure to comply with the Guidelines may result in revocation of the AAZK Professional Development Grant*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature Date | |
| **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 | |
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| **Employment and AAZK Information** | | | |
| Years of Experience: |  | | |
| Previous Conferences: (list) |  | | |
| AZA Studbook or TAG Member (Y/N) |  | Name: |  |
| AAZK Member: (Y/N) |  | Years: |  |
| AAZK Committee Experience: (Y/N) |  | Name: |  |
| Previous AAZK Grants (List All) |  | List and Date: |  |
| Previous AAZK Awards (Y/N) |  | List and Date: |  |
| **Continuing Education Forum** | | | |
| Title of Event: |  | | |
| Travel Dates: | From: | | To: |
| Amount Requested: | $ | | |
| Intended Use of Funds: |  | | |
| Describe any Matching Funds: |  | | |
| If not awarded full amount will you still attend: |  | | |
| **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:** | | | |
| Do Not Exceed the Space Provided | | | |
| **Submit Completed Application and Supplemental Documentation to:**  **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) | | | |

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