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| C:\Users\joe\Desktop\AAZK color LOGO  stamps.gifAMERICAN ASSOCATION OF ZOO KEEPERS**Professional Development Grant****National AAZK Conference** Grant ApplicationDecember 2016 |

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| FOLLOW INSTRUCTIONS CAREFULLY – COMPLETE BOTH PAGES OF THE APPLICATIONAll 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 their institution.  |
| **Applicant** |
| Name: |  |
| Position Title: |  |
| Zoo/Aquarium: |  |
| Facility Address: |  |
| E-Mail: |  |
| Telephone: |  |
| **Employment and AAZK Information** |
| Years of Experience: |  |
| Years at This Facility: |  |
| Previous Conferences: (list) |  |
| AZA Studbook or TAG Member (Y/N) |  | Name: |  |
| AAZK Member: (Y/N) |  | Years: |  |
| AAZK Chapter Member: (Y/N) |  | Name: |  |
| 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: |  |
| 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 |
| Page 1 of 2 |
| **For Office Use Only – Do not Write Below This Line** |
| Date Received: |  |
| Reviewers: |  |
| Disposition and Date: |  |
| **Completely Describe the Project or Continuing Education Event for which you are applying and how it 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 guidelines and understand that failure to comply with the Guidelines may result in revocation of the AAZK Professional Development Grant*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s Signature Date |
| **Submit Completed Application and Supplemental Documentation to:** |
| ***Electronic (preferred)*** **Jessica Munson, Chair** **AAZK Grants Committee**[**Jessica.Munson@aazk.org**](file:///C%3A%5CUsers%5Cjoe%5CDesktop%5CAAZK%5CCommittees%20and%20Programs%5CGrants%5CAAZK%20CPR%20Grant%5CJessica.Munson%40aazk.org) | ***Mail*****Jessica Munson, Chair****AAZK Grants Committee****Milwaukee County Zoo****10001 W. Bluemound Road****Milwaukee, WI 53226-4346** |

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