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| C:\Users\joe\Desktop\AAZK color LOGO  stamps.gif  AMERICAN ASSOCIATION OF ZOO KEEPERS  **Professional Development**  Grant Application  January 2014 |

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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 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 | | | |

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