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| C:\Users\joe\Desktop\AAZK color LOGO  stamps.gifAMERICAN ASSOCIATION OF ZOO KEEPERS **AAZK Conference Latin American Travel Grant** Professional Development Grant ApplicationRev January 2018 |

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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 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*****Yvette Kemp, Chair** **AAZK International Outreach Committee****Yvette.Kemp@aazk.org****Subject line: IOC Grant** | ***Mail*****Yvette Kemp, Chair****AAZK International Outreach Committee (IOC)****P.O. Box 632984****San Diego, CA 92163** |

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