**GOAAZK Grant Application**

Date

Name:

Phone:

E-mail:

Current Facility/Team:

National AAZK Member? Yes / No Membership expires:

GOAAZK Member? Yes / No

**Grant Information**

Purpose of Grant:

Amount of Grant:

Date(s) of Event (if applicable):

Goals/Objectives/Outcomes:

If attending a conference/workshop, will you be willing to present your learnings at a GOAAZK Meeting? Yes / No

**For GOAAZK Officer Use Only**

Chapter Participation level:

Does Applicant meet grant level criteria? Yes / No

Grant Approved? Yes / No

Officers present: