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**FAZA Staff
Shadow Program
Application**

Today's Date:

**Submit application, receipts, and report to
ttetzlaff@napleszoo.org.**

**Deadlines**

Application Due: April 15 | Awarded: June 1 |
Application Due: October 15 | Awarded: December 1

Experiences to be completed within 9 months.

 **NOTE:** Eight grants up to $250 each will be awarded each year.
Individuals must be FAZA members prior to their Shadow experience.

Name and contact information of program participant: (Who are you?)

**Post-Experience Evaluation Report**A written 1-to-2-page report sharing the techniques/knowledge gained from the experience is due within 8 weeks following the experience including any ideas implemented at your home institution.

Name:

Email:       Phone:

FAZA institution currently employed at: (Where do you work?)

 Name:

FAZA institution participating in Shadow program: (Where do you want to go?)

Name:

Name and contact information of destination participant: (Who would you like to work with and learn more about?)

Name:

Email:       Phone:

What do you hope to gain? (What techniques/knowledge would you like to learn?)

**REIMBURSEMENT:** FAZA will reimburse participants up to $250 for verified out of pocket expenses for travel (gas receipt, bus ticket, etc.), lodging, and food. Maximum reimbursement per diem for food is $30. **Please email a copy of your receipts** to ttetzlaff@napleszoo.org.

**-------------------------------------------------------------------------------------------------**

**Approval of Your Home Institution:**

**Name:**

**Electronic Signature or Approval:**

**Date:**

**Approval of Shadow Location Institution:**

**Name:**

**Electronic Signature or Approval:**
**You Can Also Attach a Copy of an Email Indicating Approval.
NOTE:** If you need help contacting the someone at the facility you would like to shadow, please contact ttetzlaff@napleszoo.org. **Approval Date:**

**Please return this form to ttetzlaff@napleszoo.org**

**Questions? Call 239.262.5409 ext 122

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**INFORMATION BELOW TO BE FILLED OUT BY FAZA**

**Approval of FAZA Treasurer**

**Application Approved:**       **Application Not Approved:**

**Date:**
 **Date Receipts received:**       **Date Expense Check Mailed:**

**Report Received/Distributed to FAZA & Shadow Closed:**