

## ZOO CONSERVATION OUTREACH GROUP

Conservation Training Scholarship Program

### SAN ANTONIO ZOO LES WHITT MEMORIAL SCHOLARSHIP

#### DESCRIPTION

This scholarship honors the memory of Leslie “Les” Whitt by promoting professional development and capacity building in the field of animal husbandry and management for zoo and aquarium colleagues from Latin America and the Caribbean Basin. Les Whitt devoted his life and career to the community of Alexandria, Louisiana and the Alexandria Zoo. As Zoo Director, Les was a mentor to young zoo professionals, an active proponent of improved captive animal care, and a strong supporter of international wildlife conservation efforts, particularly those involving endangered species from the Neotropics. Les was also a founding member of ZCOG, an AZA Conservation Partner organization dedicated to providing technical, material and financial support to Latin American zoos and aquariums, and served on the ZCOG Board of Directors from September 1996 until his passing in August 2008.

The San Antonio Zoo in San Antonio, Texas sponsors this memorial scholarship.



The scholarship may be applied only towards AZA's **Managing Animal Enrichment and Training Programs (MAETP)** course offered **September 23 – 28, 2019** at the Denver Zoo in Denver, Colorado or the **Principles of Program Animal Management (PPAM)** course offered **November 11-16, 2019** at the St. Louis Zoo in St. Louis, Missouri.

#### REQUIREMENTS

Applicants must be employees or associates of a zoological institution in Latin America or the Caribbean Basin, and must possess a functional proficiency in English. Preference will be given to keeper and curatorial staff, and professionals early in their career or who otherwise lack access to training opportunities. Applicants may only submit one scholarship application per year. An individual cannot be awarded the same scholarship more than once. A committee comprised of representatives from Zoo Conservation Outreach Group (ZCOG) and the sponsoring institution will review the applications and select the scholarship recipient. Within four months of attending the AZA Professional Training course, the recipient will submit to ZCOG a short written or video testimonial describing how participation in the course has influenced his or her professional development. Scholarship recipient testimonials and photos may be used in ZCOG and donor institution media.

## DEADLINE

Applicants must submit all completed application materials and have two letters of recommendation emailed to ZCOG before 5:00pm (Eastern Daylight Time) on **July 22, 2019**. Scholarship recipients will be notified in early September 2019.

## SUBMISSION PROCESS

Email completed applications to [scholarships@zcog.org](mailto:scholarships@zcog.org).

## APPLICATION INSTRUCTIONS

### **Applications must be written and submitted in English.**

Applications submitted in any language other than English will be disqualified from consideration.

Please use the space provided in the attached application to fill in the following information:

- I. **Contact Information.** Provide your complete name and personal contact information along with information about your current institution, department, and professional title/position.
  
- II. **Professional Training Course Selection.** This scholarship may only be used to attend the AZA Institutional Records Keeping course.
  
- III. **Professional Experience.** Provide information about your last three professional positions, beginning with your current job. List your title/position, dates employed, and supervisor's name and title. Briefly describe the main duties performed in each position.
  
- IV. **Education.** Provide information about post-secondary degrees, including any programs you are currently attending. List the name of the college or university, location of the school, dates attended, degree received, and program specialization or major.
  
- V. **Professional Training.** List any additional professional training you have received, such as national or international training courses, including previous AZA Professional Training Program courses. Indicate whether you have ever received a ZCOG Conservation Training Scholarship and, if so, the scholarship date and course attended.
  
- VI. **Professional Involvement.** In this section, provide evidence of how you have contributed to your profession. List activities such as involvement in cooperative efforts with regional associations (e.g. ALPZA, SZB, AZCARM, ACOPAZOA etc.) and AZA member institutions, attendance at professional conferences, workshops and seminars (including date of attendance), membership in professional organizations, service on committees (including dates of service), publication of articles or papers (including titles and dates of publication), and professional honors received. *Note: the absolute extent of your experience is not as important as your ability to clearly demonstrate the significance of your involvement at this stage in your career.*

**VII. Reasons for Attending This Course.** The short essay questions in this section ask you to describe how your participation in the chosen AZA Professional Development Training Program course will contribute to your professional development goals and benefit your current institution. Your responses should clearly and succinctly address each question in this section.

**1. Describe how participation in this course will help you achieve your professional goals as they relate to animal collection management and conservation.** *The strongest responses are those in which the applicant's own professional goals are clearly stated and directly linked to the specific course objectives. Since preference is given to professionals early in their career, or who otherwise lack access to training opportunities, indicate if the course provides a unique opportunity for training. If you have had opportunities to attend other training programs, indicate how the current course will add something new to your professional development. The strongest responses are also those that demonstrate that the training opportunity is likely to have a major impact on the applicant's professional development.*

**2. Explain how participation in this course will improve your institution's animal records keeping and management programs.** *The strongest responses are those in which the applicant clearly states how the skills gained through course participation will be applied to his or her institution's programs, and also those that demonstrate that the training opportunity is likely to have a major impact on the applicant's institutional programming.*

**3. Describe a recent experience or accomplishment that demonstrates your commitment to zoo-based conservation.** *Provide a clear example of a recent experience or accomplishment and describe how that experience demonstrates your commitment to conservation.*

**VIII. Letters of Recommendation.** List the names, institutions, titles, and contact information for both individuals writing your letters of recommendation.

**IX. Signature.** Make sure that you sign and date the application before submission!

## **QUESTIONS**

Contact Zoo Conservation Outreach Group (ZCOG) at [scholarships@zcog.org](mailto:scholarships@zcog.org).

# Zoo Conservation Outreach Group



## CONSERVATION TRAINING SCHOLARSHIP PROGRAM: APPLICATION

### I. CONTACT INFORMATION

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Professional Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Zoo/Aquarium/Institution: \_\_\_\_\_  
E-mail: \_\_\_\_\_

AZA Membership Number (if applicable): \_\_\_\_\_

Institution Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

### II. PROFESSIONAL TRAINING COURSE SELECTION

Please select the course you would like to attend

#### **Managing Animal Enrichment and Training Programs (MAETP)**

<https://www.aza.org/managing-animal-enrichment-and-training-programs>

#### **Principles of Program Animal Management (PPAM)**

<https://www.aza.org/PPAM>

If you do not receive the scholarship and plan to take the course anyway, please note this does not represent a reserved space in an AZA course.

### III. PROFESSIONAL EXPERIENCE

**(Begin with most current)**

Current Title: \_\_\_\_\_  
Dates Employed (MM/YYYY): \_\_\_\_\_ - \_\_\_\_\_  
Name of your immediate supervisor: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_

Briefly describe the main duties of your present position (500 character maximum):

Former Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Dates Employed (MM/YYYY): \_\_\_\_\_ - \_\_\_\_\_

Briefly describe the main duties of your present position (500 character maximum):

Former Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Dates at Institution (MM/YYYY): \_\_\_\_\_ - \_\_\_\_\_

Briefly describe the main duties of your present position (500 character maximum):

**IV. EDUCATION**  
**(Begin with most current)**

School: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended (MM/YYYY): \_\_\_\_\_ - \_\_\_\_\_

Degree: \_\_\_\_\_

Major/Specialization: \_\_\_\_\_

School: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended (MM/YYYY): \_\_\_\_\_ - \_\_\_\_\_

Degree: \_\_\_\_\_

Major/Specialization: \_\_\_\_\_

## V. PROFESSIONAL TRAINING

1. Have you ever received a ZCOG Conservation Training Scholarship?

YES

NO

If yes, please list date of scholarship and course attended:

2. Please list all professional training courses that you have attended nationally or internationally, including AZA professional development training programs:

## VI. PROFESSIONAL INVOLVEMENT

To demonstrate your professional involvement, please list the following: *Note: the absolute extent of your experience is not as important as your ability to clearly demonstrate the significance of your involvement at this stage in your career.*

- Involvement in any cooperative animal collection and management efforts with AZA member institutions or other regional partners (e.g. ALPZA, SZB, AZCARM, ACOPAZOA etc.)
- Conferences, workshops, and seminars attended, including year of attendance
- Professional memberships or affiliations
- Committees on which you have served, including dates of service
- Professional honors you have received
- Articles or papers published, including titles and dates of publication

[Maximum 1000 characters]



3. Describe a recent experience or accomplishment that demonstrates your commitment to improving animal management, welfare, and/or conservation in zoos/aquariums. [Maximum 2000 characters]



### VIII. REFERENCES

Applicants must solicit two letters of recommendation, which the recommenders should send directly to Zoo Conservation Outreach Group at [scholarships@zcog.org](mailto:scholarships@zcog.org). One letter of recommendation must be from your immediate supervisor and the other from someone familiar with your character and quality of work. It is suggested that the other recommendation be from someone outside your current institution, although this is not necessary. Some other possible recommenders include, but are not limited to, institutional directors or CEOs, an AZA member or regional conservation partner, or a previous employer or University professor. *Note: the most powerful letters of recommendation are from individuals that know the applicant and can provide detailed testimony and personalized accounts.* Generic institutional support letters are discouraged, as is the solicitation of more than two letters (*only the first two letters received will be included in the applicant's file*).

Please list the two persons that you have asked for letters of recommendation, and remind them to send their confidential letters of support for your application directly to [scholarships@zcog.org](mailto:scholarships@zcog.org) before 5:00pm (Eastern Standard Time) on **July 22, 2019**.

Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### IX. ELECTRONIC SIGNATURE

By checking this box, I hereby verify that all of the above information is truthful and accurate.

Name (please print): \_\_\_\_\_

Date Completed (MM/DD/YY): \_\_\_\_\_