

# WWRA Education Grant Application Form

This grant is designed to benefit WWRA members and licensed/permitted rehabilitators through an opportunity to receive a cash grant for continuing education in the field of wildlife rehabilitation. You must be a WWRA member for at least one year before applying for the grant.

## Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address \_\_\_\_\_

Affiliation: \_\_\_\_\_

Conference/Training Session Attending: \_\_\_\_\_

Date(s): \_\_\_\_\_

First Time Applicant?      Yes \_\_\_      No \_\_\_      If no, indicate year received: \_\_\_\_\_

Cost of training session including travel, lodging & meals: \_\_\_\_\_

Amount Requested (max amount \$200): \_\_\_\_\_

Briefly describe your involvement in wildlife rehabilitation:

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Years of experience: \_\_\_\_\_

Indicate your interest or purpose of attending: \_\_\_\_\_

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What do you hope to gain from this educational experience? \_\_\_\_\_

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Acceptance:

The information contained within this application is true to the best of my knowledge. I understand that misrepresentation or fraudulent information may be grounds for loss of grant funds. I understand that, in accepting a grant from WWRA, I give permission to announce my receipt of a grant to the WWRA board of directors and members. I further give permission to list my name as a grant recipient in the WWRA newsletter, the WWRA annual report, and on the WWRA website. I understand that I am requested to write a paragraph or two summarizing my conference/training experience within 60 days of the completion of the session for the WWRA newsletter. The article can include what you learned, a particular procedure, new technique, natural history, etc.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email application to [wwra@wiwildlife.org](mailto:wwra@wiwildlife.org)

Or mail to:

WWRA

Bay Beach Wildlife Sanctuary

1660 East Shore Dr.

Green Bay WI 54302