Pennsylvania Wildlife Rehabilitation & Education Council GRANT APPLICATION FOR CONFERENCE

Name of Applicant:			
Name of Organizat	ion (if applicable):		
Address:			
County:			
Phone:	email:	website:	
List any permits yo	u possess:	List any permits you plan to apply for:	
		_	
501(c)(3)? (circle			
Other non-profit sta	atus? Please indicate:		
If you are not perm	itted, please list any wildlif	e rehabilitator/center where you have volunteered:	
Contact person:			
Phone:		email:	
	ly applied for a grant from the control of the cont	the Pennsylvania Wildlife Rehabilitation and	
This grant is for reg must attend the con		night of hotel accommodations only. Applicant	

Applications are encouraged from those pursuing their permit, as well as those already permitted but need financial assistance for continuing education.

Every application will be considered by the Council. Please note that not all applications will be granted. You will be contacted with feedback. You may re-apply at any time. Applications for continuing education must be received at least 30 days prior to the conference you plan to attend.

Please mail completed applications to:

Leah Stallings Aark Wildlife Rehabilitation and Education Center, Inc. 1531 Upper Stump Road Chalfont, PA 18914

Or emailed to:

Leah Stallings at aarklady1@aol.com