

Grant Review Panelist Application

Name: _____

Address: _____

City: _____ Zip Code: _____

County _____

Phone: _____

Email Address: _____

1. I am applying for (*check as many as you are interested in*):

- Art Project/Art Legacy Project Grant Review Panel (Organizations)
- Art Legacy Project Grant Review Panel (Organizations)
- Equipment & Facilities Improvement Review Panel (Arts Organizations)
- Operating Support Grant Review Panel (Arts Organizations)
- Arts in the Schools (Schools)
- Art Study Opportunity for Youth Grant Review Panel (Youth Individual Artists)
- Individual Artists Grant Review Panel
- Artist Equity Grant Review Panel (Individual BIPOC Artists)
- Quick Support for Artists or Organizations
(*Quick support grants are scored online only with no group discussion/meeting*)

2. Check as many of the following arts disciplines that apply to you in terms of background, representation or expertise. Please describe your background or experience. Feel free to attach a separate sheet of paper.

cultural arts

visual arts

theatre

film/video

music

literature/writing

dance

community organizer

other

3. What other background makes you a strong candidate for a position as a panel member? (For example, other volunteer positions, applicable work and educational experience, board positions, or underserved communities you have strong connections with?)

4. Why are you interested in a SMAC panel position?

Please fill out all 3 pages of this form.

5. What arts activities have you attended (A), supported (S) or participated (P) in the last year?

_____ music _____ theater _____ visual arts _____ cultural arts
_____ dance _____ literary arts
_____ equity, inclusion & diversity efforts _____ other:

6. Have you read the guidelines and responsibilities for a panelist? yes no

7. Do you agree to them? yes no

Please send your resume with this application to: Southwest Minnesota Arts Council
PO Box 55
Marshall, Minnesota 56258

Questions? Call (507) 537-1471 or (800) 622-5284 or email info@swmnarts.org.

Signature of Applicant

Date