

## Grant Review Panelist Application

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County \_\_\_\_\_

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

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

1. I am interested in reviewing (check all that apply):

- Grants for organizations
- Grants for artists
- Grants for schools and youth

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?

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 panelist guidelines and responsibilities?       yes       no

7. Do you agree to them?       yes       no

Please fill out all 3 pages of this form.

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](mailto:info@swmnarts.org).

---

Signature of Applicant

Date

Please fill out all 3 pages of this form.