

Vermont Arts Council Grant Review Panelist Nomination Form

The Vermont Arts Council invites you to submit a nomination for a grant review panelist. (Self-nominations are welcome.) Panelists serve the Vermont arts community by contributing their time and expertise to evaluate grant applications and artist applications to the Juried Artist Register. Their careful and thoughtful consideration of applications is critical to the success of the Council's programs. Panels are composed of professional artists, educators, arts administrators, community leaders and others with specialized knowledge. Your nominee will go into our informational pool of panelists for future consideration and will be contacted when an appropriate opportunity arises.

If you are interested or know of someone who might be interested in serving as a panelist, please return this form to the Council along with a required resume and 2 professional references to:

**Vermont Arts Council
Attn: Panelist Nominations
136 State Street, Drawer 33
Montpelier, VT 05633-6001**

Nominations without the required resume and references will not be considered.

Thank you.

Nominee:

Address:

City/Town:

State:

Zip:

Fax:

Telephone Daytime:

Other:

Email:

Web Address:

Nominee's area of expertise: *Please circle all that apply*

Arts in Education
Art in Public Places
Interdisciplinary
Folk/Traditional Arts
Organizational Management

Dance
Theater
Media
Design Arts
Community Development

Music/Opera
Literature
Visual Arts
Crafts

NOTE: The following information is required by the National Endowment for the Arts. The Council is also committed to involving people with diverse backgrounds in the panel process.

Racial and Ethnic Data for Nominee: *Please circle all that apply.*

N American Indian/Alaska Native
P Native Hawaiian/Pacific Islander
H Hispanic/Latino

A Asian
B Black/African American
W White

Sex of Nominee: *Circle One* Male Female

Is the nominee a person with a disability? *Circle one.* Yes No

Is the nominee aware of this nomination? Yes No

In the space below, briefly explain the qualifications of the nominee:

Person making the nomination: (The Council welcomes self-nominations. If this is a self-nomination, you do not need to repeat your contact information below.)

Name:

Address:

City/Town:

State:

Zip:

Fax:

Telephone Daytime:

Other:

Email:

Web Address:

Signature:

Date:

Reminder: Please attach nominee's resume and 2 professional references.