



**IOWA WOMEN'S**  
FOUNDATION

*Improving the lives of Iowa's women & girls*

**COMMUNITY REVIEW PANEL APPLICATION**

*Please return completed form to: Attn: Grants Committee, Iowa Women's Foundation, 2201 East Grantview Drive, Suite 200, Coralville, IA 52241 or email to [ann@iawf.org](mailto:ann@iawf.org).*

**Full Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Current Position/Title:** \_\_\_\_\_

**Company Name and Address:** \_\_\_\_\_

**List professional and community affiliations, include current/past involvement with women-centered organizations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current and/or past activities and involvement with Iowa Women's Foundation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your areas of expertise and spheres of influence you would bring to the grant review process?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Briefly explain why you are interested in serving on the grant review panel:** \_\_\_\_\_

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- If not selected this year, please consider my application for other committee membership.
- I am a member of an ethnic minority or another underrepresented group.
- I am able to attend committee meetings in mid-June through early August.

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**For IWF Grants Committee Use**

__ Application reviewed by the IWF Grants Committee	Date _____
__ Nominee met with an IWF Committee Member	Date _____
__ Status of Application _____	Date _____