



**Class of 2025**

# **Women's Policy Institute Application Packet**

**Completed and signed packet due by June 14th 2024 at 5:00pm**

# **WOMEN'S fund**

**R H O D E I S L A N D**

222 Chestnut St, Providence RI 02903. - (401) 262-5657

## Table of Contents

1. Applicant Cover Sheet
2. Applicant Qualification Form
3. Formal Questions
4. Employer Qualification Form
5. References



## **Our Mission**

Our mission is to invest in women & girls through research, advocacy, grant making and strategic partnerships designed to achieve gender equity through systemic change.

## **Our Vision**

Our vision is a community, nation and world that is free of gender bias and where social justice exists for all.

The Women's Policy Institute (WPI) is designed to increase the number of women leaders in our state who are actively involved in crafting public policies on behalf of women and girls. The Women's Policy Institute is open to women from all sectors - for profit, nonprofit, public/social service, academia, and stay-at-home parents. Alumni include retired professionals, recent college graduates, urban planners, small business owners, nonprofit leaders, legislators, and even a talk show host. If you are passionate about systems change through policy and would welcome the opportunity to gain new skills, then the Women's Fund of Rhode Island encourages you to apply for our next cohort.

Please note that we are able to offer technical assistance to candidates who need help in filling out this application. This includes connecting you with someone to read the application to you, help you understand the questions being asked, or even to just share their knowledge about the program. You may also request permission to provide a video application of your responses to these questions, rather than providing them in written form. To request assistance, please contact Angela Lima, at [alima@wfri.org](mailto:alima@wfri.org) or 401-383-9794.

To apply, complete the application below and return it by mail or email by **June 14th at 5:00pm** to: Women's Fund of Rhode Island - 222 Chestnut St Providence, Rhode Island 02903 [Alima@wfri.org](mailto:Alima@wfri.org)

Fellows will be selected through a competitive application process. The selection committee, composed of WFRI staff, board and former WPI alumni, will review all applications and invite applicants for in-person interviews. Up to 20 Fellows will be invited to join the next Women's Policy Institute.

The selection process timeline is as follows:

- ◊ **Application is available beginning April 9 at 9:00 a.m.**
- ◊ **Zoom Information Session: Thursday, May 2, 2024 at 12 - 1 pm**
- ◊ **Interviews scheduled: June 24 - July 12, 2024**
- ◊ **Selections confirmed: Friday July 26, 2024**
- ◊ **Sessions begin: Friday August 23 & Saturday August 24th**

If you want to learn more about the Women's Policy Institute from past participants, please attend our informational session **on May 2 at 12pm**. Register in advance for this meeting by clicking on this [link](#).

Fellows must be available to attend full-day sessions on the following days in addition to other intermittent policy-project conference calls and meetings throughout the legislative session (January to June 2025).

- **Friday, August 23 & Saturday, Aug 24, 2024**
- **Friday, September 27, 2024**
- **Friday, October 18, 2024**
- **Friday, November 8, 2024**
- **Friday, December 6, 2024**
- **Friday, January 17, 2025**
- **Friday, February 21, 2025**
- **Friday, March 21, 2025**
- **Friday, April 11th 2025**
- **Friday, May 23th, 2025**

The cost of this program is \$3,500 per participant. Many employers (including nonprofit and government institutions) provide professional development funds for their staff. RI employers may qualify for an Incumbent Worker Training Grant through the RI Governor's Workforce Investment Board that covers up to \$1,875 of the cost, resulting in a total cost of \$1625 to your employer. We encourage you to discuss this with your employer.

Thanks to donors and sponsors, we are able to provide a limited number of full scholarships and participation/childcare stipends for those who would otherwise have to decline this professional development and leadership training opportunity. ***DO NOT let the cost of this program deter you from applying!***

**Please include the following with your application materials:**

1. Applicant Cover Sheet
2. Applicant Qualification Form
3. Applicant Responses to Formal Questions (limit each response to 100 words)
4. Employer Confidential Reference & Qualification Form
5. Attach your resume
6. Attach a Letter of Professional Reference

## Section 1: Applicant Cover Sheet

Name:

Employer Organization (if applicable):

Title (if applicable):

Work Street Address (if applicable):

City, State, Zip code :

Preferred Email address:

Cell Phone:

Home Street Address:

City, State, Zip Code :

What are your preferred pronouns (ie, she/her/hers, they/them, etc...)?

Legislative Districts (please use [Find Your Elected Officials](#) if you do not know):

State Senator Name:

State Representative Name:

Application Demographics:

**\*Please note that this section is optional and will help us to ensure that we have a diverse pool of applicants to be considered for our incoming class. You do not have to answer these questions.**

1. Please tell us your age:
2. Please self-identify your race or ethnicity:
3. Please identify your gender or gender identity:
4. Please identify your sexual orientation:
5. Do you have abilities of any type that are sometimes described as 'disabilities?'

## Section 2: Applicant Qualification Form

### Name:

In which of the following areas do you have the deepest content knowledge?

- \_\_\_ Aging Justice
- \_\_\_ Domestic and Sexual Violence Prevention
- \_\_\_ Economic Justice
- \_\_\_ Education & Training
- \_\_\_ Immigrant Rights
- \_\_\_ Women's Health
- \_\_\_ Worker Rights
- \_\_\_ Racial Justice
- \_\_\_ Reproductive Health & Justice
- \_\_\_ Other \_\_\_\_\_

### Initial next to each commitment:

- \_\_\_\_\_ I am committed to attending all sessions for the full length of each session. For example, 9-3, 8-4,
- \_\_\_\_\_ I understand that working on the policy project may require me to work an average of two hours per week, including before and during legislative hearings.
- \_\_\_\_\_ I have the full support of my employer to participate in the Women's Policy Institute and to spend paid time working on the policy project. I will participate actively in the project in order to learn the policy process. Alternatively, if I don't have the support of my employer, I am prepared to accommodate other life priorities that will allow me to fully participate in this program.
- \_\_\_\_\_ I understand that I will have to do my part to work together as part of a team despite differences in personalities and leadership styles.
- \_\_\_\_\_ I understand that if my team's policy project becomes a longer process, I will be encouraged to continue participating actively in the project and with my teammates beyond the final WPI session.
- \_\_\_\_\_ I understand that I will be encouraged to share what I have learned at the WPI with my networks so more people are able to engage actively in policy advocacy.
- \_\_\_\_\_ I understand that I will be encouraged to engage after the year of training in a network of WPI fellows and alums to continue advancing public policy agendas that benefit Rhode Island's women and girls.
- \_\_\_\_\_ I will check the email account that I provided WPI with on a daily basis so as not to miss important and timely communications.

**Section III: Applicant Responses to Formal Questions: responses should be 100 words:**

1. Why is this particular program of interest to you? What draws you to it?
2. Have you ever addressed injustice or inequity? Tell us about what motivated you to do so, what you did and what happened as a result. If you haven't done this, why not?
3. What experiences have you had—either personally or with your work—advocating with local, state or federal policymakers? If none, it's ok! Skip this question.
4. What resources, skills and unique experiences are you able to share with other Women's Policy fellows?
5. What does community mean to you? What does collective power mean to you?
6. What are you interested in learning if you are accepted into the Women's Policy Institute?
7. How do you intend to incorporate policy advocacy into your life moving forward?

**Section IV: Employer Qualification Form**

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

Please initial next to each statement:

\_\_\_\_ I understand that Women's Fund of Rhode Island will cover the cost of training and materials for the monthly sessions.

\_\_\_\_ I understand that Women's Fund of Rhode Island will provide training on leadership, policy, and advocacy, including the legal rights of nonprofits to actively engage in lobbying.

\_\_\_\_ I understand that our organization/business is asked to provide paid staff time during regular working hours for our employee to participate in WPI sessions and work on a policy issue, including lobbying.

**Note:** Fellows will be advocating as individuals and NOT as representatives of companies/organizations, without express approval from the employer.

\_\_\_\_ I understand that participants will choose a policy project, most likely legislation, that may or may not be a priority for my organization/business and that the above agreements will remain in effect whatever the topic of the project.

\_\_\_\_ I understand that participants will be encouraged to bring what they have learned back to their organizations/employers so that, as an institution, we are better able to actively engage in policy advocacy. I have discussed with the participant how this can best happen.

\_\_\_\_ I have attached a brief, one-page statement that addresses both the applicant's capabilities and the organization's desire to play a greater role in advocating for public policy that works toward equity for women and girls in Rhode Island.

I understand the requirements listed above and agree to support the applicant if accepted as a fellow.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Organization: \_\_\_\_\_

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

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