

# Art Application Form

**This application is a fillable PDF. You must use your regular computer, it will not work on a tablet or phone. Please email completed form to: [submissions@healingartworks.org](mailto:submissions@healingartworks.org)**

## Part I

Artist's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

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

## Part II

### Artwork

Medium: \_\_\_\_\_

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

Image Size: \_\_\_\_\_

Unframed Monetary Value: \_\_\_\_\_

Medium: \_\_\_\_\_

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

Image Size: \_\_\_\_\_

Unframed Monetary Value: \_\_\_\_\_

Medium: \_\_\_\_\_

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

Image Size: \_\_\_\_\_

Unframed Monetary Value: \_\_\_\_\_

## Part III

**I acknowledge that this submission is my original art from concept to completion.**

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E-Signature

[By typing your name on the line above you are creating an electronic signature. This is legally binding for the information on this application.]

**Our secondary beneficiary is the AseraCare Hospice of Lancaster County, PA. They are appreciative of any art pieces to improve the hospice environment. If your submission is declined by our primary facility, may we donate it to AseraCare (please circle one)?**

Yes  No

Please mail or email completed application form, biography, photograph (high resolution jpeg, eps, or tiff) of artwork to:

**Healing Art Works, Inc.**  
**210 Ravenwood Road**  
**Exton, PA 19344**  
submissions@healingartworks.org

*Healing Art Works, Inc., will contact you in a timely manner after the Board has met.*

*Thank you for your submission.*

Sponsored by: **AstraZeneca**  
Supported by: Cheap Joe's Art Stuff  
*Wegmans*