



## Healing Through Expressive Arts Beneficiary Application

### Organization Information

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

Are you a 501 (3) C organization?    Y    N

If not, please describe the nature of your organization (i.e., educational, fundraising, research, etc)

\_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Please attach a statement describing how funds would benefit your organization.**

Submit completed applications:

- Fax: (561) 278-6023 Attn: Clara Bossie
- Email: HEArtShowInfo@Gmail.com
- Post: HEArt  
c/o Therapeutic Oasis  
250 Royal Ct  
Delray Beach, FL 33444