



Healing Through Expressive Arts, Inc.
Beneficiary Application

To be eligible as the 2017 HEArt Show Beneficiary, completed application and supporting documents must be received by October 9, 2016.

Organization Information

Organization Name: _____

Are you a 501 (3) C organization? Y N FEIN #: _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone#: _____ Email: _____

Website: _____

If funds are being requested for a particular project within your organization, please provide the name:

Please submit answers to the following questions on a separate statement:

1. What is the purpose of your project/organization?
2. Describe the expressive art component of your project/organization.
3. In what way does the expressive art component assist individuals?
4. What population is served by your project/organization?
5. What geographic area is served by your project/organization?
6. How will the money raised be spent?
7. What is your fundraising goal for this project/organization?

Submit completed application along with a copy of the most recent 990 or 990EZ:

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