



Healing Through Expressive Arts, Inc.  
**Beneficiary Application**

**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) 865-5228 Attn: Clara Bossie
- Email: Info@HEArtShow.org
- Post: HEArt, Inc.  
851 Broken Sound Parkway NW, Suite 250  
Boca Raton, FL 33487