



**The Foundation for Photo/Art in Hospitals**

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## GRANT APPLICATION

### 1. INSTITUTION INFORMATION

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

Type of institution: hospital\_\_\_clinic\_\_\_hospice\_\_\_alternative healing center\_\_\_private\_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### 2. CONTACT PERSON

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. PROJECT DESCRIPTION

Prospective location of artwork, general use of space, etc.

\_\_\_\_\_  
\_\_\_\_\_

### 4. LIST OF PREFERRED ARTWORKS

List code number under preferred images found on [www.HealingPhotoArt.org](http://www.HealingPhotoArt.org).

\_\_\_\_\_

Or check the categories you prefer:

beaches\_\_\_\_\_underwater\_\_\_\_\_flowers\_\_\_\_\_animals\_\_\_\_\_landscapes\_\_\_\_\_Tuscany\_\_\_\_\_

### 5. HOW DID YOU HEAR ABOUT HEALING PHOTO ART?

\_\_\_\_\_

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please send completed application to: [epoggi@HealingPhotoArt.org](mailto:epoggi@HealingPhotoArt.org)

The Foundation for Photo/Art in Hospitals will match a donor to your request as funds become available.