

# Art in Health Spaces Application

## Applicant Information

Full Name

Email Address

Phone Number

Affiliation (if any)

## Artwork Proposal

Title of Artwork

Type of Artwork (e.g., painting, sculpture, installation, etc.)

Description (concept, materials, intended impact)

Dimensions / Space Requirements

Proposed Duration of Display

## Target Audience & Location

Intended Audience (patients, staff, visitors, etc.)

Preferred Location within Health Space

## Previous Experience

Relevant Experience (if any)

Portfolio Link (if any)

## Additional Information

Additional Notes / Special Requirements

