



CAPITAL HEALTH HEALING ARTS

Artist and Performer Application

Thank you for your interest in participating in the Capital Health Healing Arts Program. Our program brings the transformative power of creativity into healthcare settings through visual art exhibitions and live performances that provide comfort, inspiration, and connection for patients, families, visitors, and staff.

Please complete the application below and submit all requested materials to foundation@capitalhealth.org or mail them to: **Capital Health Foundation, Two Capital Way, Suite 36, Pennington, NJ 08534.**

Applicant Information

Name: _____

Organization/Group Name (if applicable): _____

Type of Applicant

☐ Visual Artist

☐ Musician

☐ Performance Group

☐ Dancer

☐ Vocalist

☐ Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____ LinkedIn: _____

Facebook: _____ Instagram: _____

Artistic Background

Brief Biography:



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CAPITAL HEALTH HEALING ARTS Artist and Performer Application

Describe your artistic style, medium, or performance specialty:

Exhibition & Performance Information

For Visual Artists

- ☐ Painting ☐ Sculpture
☐ Photography ☐ Digital Art
☐ Mixed Media ☐ Other: _____
of pieces: _____

For Performers:

- ☐ Instrumental ☐ Ensemble/Group
☐ Vocal ☐ Other: _____
☐ Dance
of performers: _____ # of guests: _____

Availability

Preferred Dates: _____

Preferred Times: _____

Preferred Location:

- ☐ Capital Health Medical Center – Hopewell
☐ Capital Health Regional Medical Center

Supporting Materials

Please submit the following with your application:

For Visual Artists

- 5–10 Images of Artwork
- Promotional Photo (optional)

For Performers

- Audio or Video Recording Links
- Promotional Photo (optional)

Acknowledgment

I certify that the information provided in this application is accurate and that I am the creator, owner, or authorized representative of the artwork and/or performances submitted for consideration.

For performers: Please keep in mind that we are a quiet hospital, and it's important for all members of your group to be mindful of our patients as they rest. We appreciate your cooperation in ensuring that your behavior and song choices contribute to a soothing and healing environment.

Signature: _____ Date: _____

Thank you for your interest in helping bring healing, beauty, and inspiration to the Capital Health community.

We look forward to learning more about your creative work.



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