

New Hampshire State Council on the Arts
Arts in Health Care Artist Directory Application
Narrative Questions



**PLEASE RESTATE AND ANSWER EACH QUESTION ON A SEPARATE
PIECE OF PAPER AND ATTACH TO THE APPLICATION FORM.
RESPONSES ARE LIMITED TO 4 PAGES TOTAL**

1. Briefly describe the types of programs (multi-day residencies, workshops, classes) you offer in health care facilities (i.e., hospitals, nursing homes, rehabilitation centers, senior centers).
2. Describe your work, particularly with any participatory components, plus staff training programs. Please be clear and specific with regards to population served and type of health care sites.
3. List the types of health care sites in which you have experience (e.g. hospitals, senior centers, rehabilitation centers, nursing homes, hospice, alternative education sites, etc.)
4. List any training related to working in health care facilities and/or with people who are elderly (i.e., hospice, music for healing and transition programs, Very Special Arts, Regional Arts and Healing Initiative's artist training etc.)
5. Please state how your personal and artistic goals relate to the goals of the NH State Arts Council's Arts in Health Care Grants and Programs:

ATTACHMENTS AND WORK SAMPLES

1. Attach a copy of your most recent resume.
2. If an ensemble: list names, addresses, phone numbers/e-mails and instrument or role of all members in the ensemble. Please specify which artists will be available for AIH residency work:
3. Include a copy of your promotional materials (i.e. brochure).
4. Submit three recommendation forms
<http://www.nh.gov/nharts/grants/docs/AIHRecForm.doc>
Recommendation forms should be marked 'confidential' and be mailed directly to:
Catherine O'Brian, AIH Coordinator
NH State Council on the Arts,
19 Pillsbury Street, 1st Floor
Concord, NH 03301

5. **Work samples for performing, media and literary artists
(If not a roster member or recipient of artist fellowship):**

Include one copy of a CD or DVD.

Literary artists must include two copies of manuscripts as described on *Preparation of Work Samples*

Visual artists: attach disk and identification sheet as described on *Preparation of Work Samples* sheet.

<http://www.nh.gov/nharts/grants/grantsworksamples.htm>

6. **Disclosure Form:** Please complete and sign this required form in lieu of a background check. The information you provide will be kept confidential.
(one copy only)

<http://www.nh.gov/nharts/grants/docs/DisclosureAttachmentRev.doc>

CHECKLIST

- ☐ All sections of the application form are completed and application is signed;
- ☐ Attachments/work samples if required. (as noted above);
- ☐ Original copy plus 5 photocopies to send to the Council, plus one copy for your file;
- ☐ Stamped, self-addressed envelope is included if you would like your support materials returned.

Postmark by deadline and return with application form, and attachments to:

Catherine O'Brian, Arts in Health Care Coordinator

NH State Council on the Arts

19 Pillsbury Street, 1st Floor

Concord, NH 03301

Phone: 603\271-0795

Fax: 603\271-3584

Email: Catherine.R.OBrian@dcr.nh.gov