



**341 Beech St., Unit 1, Pottstown, PA 19464**  
**610-326-2506 \* www.artfusion19464.org**

**Healing Arts Scholarship Application**  
**Sponsored by SEI Cares**

Today's Date:		Applicant Name:	
Address:			
City:		State:	Zip:
Home Phone:		Cell:	
Email:			
Age:			
Please indicate the class you are interested in taking.			
Person attending class is a <input type="checkbox"/> cancer patient <input type="checkbox"/> survivor <input type="checkbox"/> family member <input type="checkbox"/> caregiver <input type="checkbox"/> military veteran			
Why would you like to participate in this program?			
Where did you hear about our program?			
Have you participated in the Healing Arts Program before? If so, when?			
Additional comments:			
Signature:		Date:	

*The mission of ArtFusion 19464 is to enrich the lives of the residents in the greater Pottstown area through the visual arts, regardless of ethnicity and economic situations. Our goal is to spark creativity, build self-confidence and develop community bonds through education, mentoring and community service.*