



# ARTIST APPLICATION

Please fill in this form and return to:  
Hope For The Nations  
ART IS {HOPE} Program  
ATTN: Sheri McConnell  
2041 Harvey Avenue  
Kelowna, BC V1Y 6G7  
1-250-712-2007

## ARTIST/GROUP NAME:

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How did you hear about ART IS {HOPE}?

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Contact Person:

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Address:

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City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

Telephone (HM): \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Email: \_\_\_\_\_ Website(s): \_\_\_\_\_

## ARTISTIC MEDIUM

(Please circle which medium you will use & give a brief explanation of your art form)

Music | Photography | Performing Arts | Literary Arts | Media | Visual Art

Fashion | Other: \_\_\_\_\_

Brief Explanation: \_\_\_\_\_

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**Individual's Names & Instruments Played (if applicable): Please list**

<b><u>Name</u></b>	<b><u>Instrument(s)</u></b>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

**MANAGER'S NAME (if applicable):**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code/Zip:** \_\_\_\_\_

**Telephone (HM):** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell/Other:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website(s):** \_\_\_\_\_

**BOOKING AGENT'S NAME (if applicable):**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code/Zip:** \_\_\_\_\_

**Telephone (HM):** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell/Other:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website(s):** \_\_\_\_\_

**FURTHER INFORMATION: (Briefly explain)**

1. What types of venues do you usually book or showcase in?
  
  
  
  
  
  
  
  
  
  
2. How many concerts or events have you showcased your art in?
  
  
  
  
  
  
  
  
  
  
3. Is your artwork on display anywhere or do you have a current recording?
  
  
  
  
  
  
  
  
  
  
4. Please briefly describe the style of your art form:
  
  
  
  
  
  
  
  
  
  
5. What is the typical age group of your audience demographic? (You may circle more than one)  
Family | Children | Youth (12-18) | 19-30 | 30+ | Seniors
  
  
  
  
  
  
  
  
  
  
6. Have you ever been convicted of a criminal offence? If so, please explain.
  
  
  
  
  
  
  
  
  
  
7. Would you be willing to provide a criminal record check? Yes \_\_\_\_\_ No \_\_\_\_\_

**What motivates you to be considered as an ART IS {HOPE} Artist? Please explain and list any specific country, issue or Hope For The Nations project(s) that you would like to champion:**

**REFERENCES: Please list three references who are not related to you with phone numbers**

1) Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

Before you submit your application, please read:

- The ART IS {HOPE} [Artist One Sheet](#), which outlines the goals and objectives of the ART IS {HOPE} Program as well as its expectations of artists and how we support you.
- The [Hope for the Nations' Mission, Values and Goals](#).

I have read the Artist One Sheet as well as the values of Hope for the Nations and I support and endorse both: Yes \_\_\_ No \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send your application form and the following portfolio to:**

Hope For The Nations  
ART IS {HOPE} Program  
Attn: Sheri McConnell  
2041 Harvey Avenue  
Kelowna, BC V1Y 6G7

**Portfolio:**

- A recent album/recording in CD form (for musicians/bands)
- Any video you have produced or been featured on
- Up-to-date BIO/Press Kit including a 8x10 photo (this can be emailed directly to: [sheri@hopeforthenations.com](mailto:sheri@hopeforthenations.com))
- Itinerary of performances/showcases/events from the last 6-12 months
- Current itinerary for the next 3-6 months

A movement of ARTists that IS raising awareness and resources for orphans and vulnerable children through {HOPE} for the Nations.