

Atlantic Health System “Creative Expressions” Arts and Healing Calendar Art Contest 2020 “What is in your heart?”

***We are looking for young artists
to share “What Is In Your Heart.”***

Sponsored by:

- › Goryeb Children’s Hospital
- › Pediatric Behavioral Medicine
- › Farris Family Center for Advanced Medicine in Pediatrics (CAMP)

Who: Are you a child or teenager between the ages of 4 and 18? Do you have a chronic medical illness or chronic pain? Do you want to see your artwork in a professional style calendar given to Atlantic Health System Administrators employees, patients’ and families throughout the state of NJ? Do you want a chance to win a gift card if you are chosen as our cover winner?

If you answered yes to any of these questions now is the time to get out your crayons, markers, paints, pastels, collage paper, computer (for digital art) or any other medium you like to work with.

Theme: “What Is In Your Heart?” Think about what makes your heart fill up with joy, excitement, calmness, comfort, and or love? It could be people in your life, places, memories, something in nature, an accomplishment, a word or phrase, a poem, song lyrics, a color, or a shape, just to name a few. Remember, your heart is your guide.



How: First, draw a heart on a paper no bigger than 11” x 14” inside the heart create the thing or things that fill your heart. You can also print out a template of a heart and create from there. Poems inside the heart can be included with your artwork.

You do not need to be an accomplished artist to enter or have your artwork chosen.

**ALL PROJECTS MUST BE SUBMITTED BY
October 15, 2019.**

A panel of health professionals will review entries based on visual interest and creative expression. Twelve hearts will be selected for inclusion in the 2020 Calendar.

QUESTIONS: Please contact Stacy Alper, LCSW, pediatric behavioral medicine at 973-971-5785 or Stacy.Alper@atlanticealth.org for further information or with any questions you may have.

ARTIST’S NAME:

ARTIST’S ADDRESS:

ARTIST’S TELEPHONE NUMBER:

ARTIST’S AGE and EMAIL:

TITLE OF HEART:

PARENT’S AGREEMENT FOR MINOR CHILD TO SUBMIT ARTWORK

PARENT’S NAME:

PARENT’S SIGNATURE:

PARENT’S EMAIL:

MANDATORY CONSENT:

Please answer the following questions by circling your response:

Permission to use your child’s name in the calendar is NOT required for your son or daughter’s artwork to be selected.

I agree for my child’s first and last name to be on his/her artwork. **YES NO**

I agree for my child’s first name and last initial only to be on his/her artwork. **YES NO**

I do not want my child’s name on any of the artwork he/she submits. **YES NO**