



Bluegrass Care Clinic is looking for patient artwork for their new facility.

The Bluegrass Care Clinic wishes to celebrate its move to its new location by displaying the art of those who have been impacted by HIV and other infectious diseases in our community. The purpose of this call is to encourage patients, their families and friends, and our community members and partners to contribute art that reflects resilience and optimism in the face of such challenging diseases. We hope that the personal touch of our community's art will create a welcoming, inclusive and healing atmosphere at the new clinic.

ART SUBMISSION GUIDELINES

This art call is open to two-dimensional art in any medium (photography, painting, drawing, fiber, mixed media, etc.). Up to six pieces of artwork may be submitted from each artist.

1. Artwork will go through a juried process.
2. Email completed entry form to: sarah.timmons@uky.edu by July 2nd, 2021.
3. Please include "BG Care Clinic Art Call" in the subject line.
4. Fill out the submission form on page two. List the TITLE, MEDIUM, SIZE, DATE you created the work and SALE PRICE for each submission (If you wish to donate the work, indicate with DONATE).
5. You must attach a separate, individual image of each work that you wish to submit.
6. The image/photo file should be in JPEG format. The jury will be relying on review of the image(s) of your work(s) to make acceptance decisions. Please send a clear, quality image.
7. You must name each individual image file with the following convention: Last name and Title of the work.
8. Selected artists will be notified via email by July 30th, 2021. Notification will include instructions for delivering selected works to Arts in HealthCare.

Art should be un-framed.
Arts In HealthCare will frame
all works uniformly.

Accepted photography will be printed
by Arts in HealthCare uniformly.

For more information contact
Sarah Timmons at
859-323-4446 or
sarah.timmons@uky.edu.

Healing Power of Art

Bluegrass Care Clinic patient artwork
submission form



Email completed form to
Sarah Timmons at
sarah.timmons@uky.edu.

Artist Name _____ Phone Number: _____

Address _____ City _____ State _____ Zip _____

Email _____

Number of works submitted: 1 2 3 4 5 6

Title 1 _____

Medium _____ Date Created _____ Price \$ _____ Donation

Title 2 _____

Medium _____ Date Created _____ Price \$ _____ Donation

Title 3 _____

Medium _____ Date Created _____ Price \$ _____ Donation

Title 4 _____

Medium _____ Date Created _____ Price \$ _____ Donation

Title 5 _____

Medium _____ Date Created _____ Price \$ _____ Donation

Title 6 _____

Medium _____ Date Created _____ Price \$ _____ Donation

Artist statement / Description of artwork _____
