



OUR MISSION AND CORE VALUES

The mission of Bedside Harp™, LLC is to promote the therapeutic use of the harp in healthcare. Committed to making a difference in that setting, we play for patients, the worried well and staff, teach staff and members of the community how to play the therapy harp, provide harp therapy training and certification, and participate in research projects. We exist to bring relief, comfort, and joy to patients, their families and all who care for them. To achieve our mission, we are committed to:

- E** Excellence
- P** Professionalism
- I** Integrity
- C** Collaboration



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INSTRUCTIONAL PROGRAM APPLICATION

This application is for admission to the (please add year)

Fall _____ Winter _____ Spring _____ Summer _____

Instructional Harp Program at (please check one below)

RWJUH Hamilton _____ RWJUH Rahway _____

RWJUH New Brunswick _____ The Valley Hospital _____

BCCC* _____ Other _____

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Please print clearly.

First, Middle, and Last Names:

Name you liked to be called: _____

Street Address:

City: _____ State: _____ Zip: _____

Telephone(s)

Home: _____ Work: _____ Cell: _____

E-mail: _____

***FOR BCCC CLASSES, YOU MUST REGISTER WITH THE COLLEGE: CALL 215-968-8409 OR VISIT THEIR WEBSITE: BUCKS.EDU/CON-ED**

MUSICAL BACKGROUND

Do you have any music training in your background? If NO, please proceed to question #5 at the bottom of the page; if YES, please answer the following:

1. Do you read music? Which clef(s)? _____

2. What musical instruments do/did you play and what is/was your level of proficiency on each?

3. What is the nature of your musical training and experience? Do you improvise? Do you write your own arrangements? Your own music? Do you take lessons? With whom have you studied? Do you teach music? Do you perform? Where?

4. Do you sing? What are your favorite songs to sing?

5. What is your favorite kind of music to listen to?



EDUCATION/WORK EXPERIENCE

Education: (Please include high school, college, graduate school, medical or law school.) List the last school you attended first and state when you attended and/or graduated.

Work: Please summarize your professional/work experience:

WHERE DID YOU FIRST HEAR OF OUR PROGRAM?

Mailing _____ College Catalog _____

Harp Journal Advertisement _____

Referral _____ Internet _____

Other (please specify) _____

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To register for classes at our hospital locations, please complete this application and attach your check for tuition and the materials fee. Send both to the address on the back of the application.

We regret that we are unable to offer refunds within two weeks of the start date of our classes.

