Midwest Music Therapy Services
6642 Clayton Rd. #179
St. Louis, Missouri 63117-1602

MUSIC THERAPY INTERNSHIP APPLICATION

Please print clearly or type:

Date:_____

Name:_____

Phone Numbers/Email:_____

Mailing Address:_____

College or University:_____

Major:_____Primary Instrument:_____

Current over-all GPA:_____ Hours of pre-clinical experience:_____

Present academic status(undergraduate, graduate):_____

Anticipated date of graduation: _____

Date of requested internship:_____

I. Answer the following questions in complete sentences and paragraphs. (Type on a separate sheet or use the back of this sheet if needed)

A. Describe your experience with individuals with autism, developmental disabilities, physical disabilities, and/or behavioral disorders, emotional disorders/trauma.

B. How have you used music therapy with these individuals?

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C. Describe your eldercare experience. This may include longterm eldercare group settings, hospice/palliative care, or diagnosis such as dementia or Parkinson's.

D. How have you used music therapy with these individuals?

E. I would like to request an internship at Midwest Music Therapy Services for the following reasons:

F.) What are your strengths as related to pre-clinical experience and music therapy?

G.) What are your weakness as related to pre-clinical experience and music therapy?

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II) Resume: Attach one copy of your resume to this application and include the names of three references.

III) Include a letter of recommendation from your academic advisor and one other letter of recommendation.

IV) Include official copy of your most recent transcripts.

V) I understand that if I am accepted as a music therapy intern at Midwest Music Therapy Services...

1. I will be responsible for arranging all transportation to and from my present location and during my internship.
2. There is no housing or stipend provided.
3. I will be responsible for obtaining my own liability insurance for my personal protection.
4. I will abide by the policies and procedures of the Midwest Music Therapy Services, Inc. and will be trained within the AMTA Standards and by the contractual agreement of Midwest Music Therapy Services and my academic institution.

I, _____ verify that all of the information submitted on/with this application form is valid.

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VI.) University Advisor Application Approval:

(This sheet must accompany your application form and resume. It is to be completed by your academic advisor after reviewing with you your eligibility for this internship program.)

CHECK OF ELIGIBILITY REQUIREMENTS FOR INTERNSHIP BY ACADEMIC ADVISOR:

	Deficient	Average	Superior
Music Therapy Course work			
Pre-clinical Experiences			
Over-all GPA			

Additional Comments:

Signed:_____
Academic Advisor

INCLUDE WITH THE APPLICATION:

-RESUME
-LETTER OF RECOMMENDATION FROM YOUR ADVISOR
-ONE OTHER LETTER OF RECOMMENDATION
-MOST RECENT TRANSCRIPTS

Send to: Midwest Music Therapy Services
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6642 Clayton Road
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***APPLICATIONS MUST BE POSTMARKED BY JANUARY 31st**