

**APPLICATION FOR MUSIC THERAPY INTERNSHIP**

**(all materials may be submitted electronically or through the mail)**

**Requested Internship Start Date/Application Deadlines**

January start date (Deadline: June 5 of the prior year) \_\_\_\_\_\_\_\_\_

June start date (Deadline: November 5 of the prior year) \_\_\_\_\_\_\_\_\_

**The following materials *MUST* accompany this completed application:**

\_\_\_\_\_ Official academic transcript from all universities attended

\_\_\_\_\_ Three letters of recommendation (non-relatives) addressing the clinical, communication, and musical skills of the applicant (at least one must be in narrative form and not a standardized form from student’s professor)

\_\_\_\_\_ Signed and dated statement of eligibility for internship from academic supervisor

\_\_\_\_\_ Current resume

\_\_\_\_\_ YouTube link or computer file of a mock music therapy session (with friends, family, etc.) and a demonstration of musical skills on piano, guitar and voice (Include with application or email to lisa.jones@childrens.com)

\_\_\_\_\_\_Essay of 500 words or less which answers the following questions:

1. Why are you interested in becoming a music therapist?
2. What is your philosophy of music therapy?
3. What are your goals and expectations for this clinical internship?
4. What strengths will you bring to this internship?
5. What skills do you wish to enhance through this internship experience?

**Personal/Contact Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Numbers:** Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_ Contact Number:­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Information**

**College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Director’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Director’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Academic Work Will Be Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Degree(s) to be Awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Major Instrument(s) and Number of Years Studied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***By signing below I acknowledge that a legal affiliation agreement with my university as well as a background check, drug test, and proof of required immunizations is necessary to complete an internship at Children’s Medical Center.***

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

***Please return to:***

***Lisa Jones, MA, MT-BC, GC-C***

***Internship Director***

 ***Child Life Department***

***Children's Health***

***1935 Medical District Drive***

***Dallas, TX 75235-7794***

***lisa.jones@childrens.com***