

Internship Application



Anticipated Internship Start

January-
Deadline August 1

 June-
Deadline January 1

 August-
Deadline March 1

You are completing your...

Bachelors
 Equivalency
 Other

MUSIC · ART · THERAPY · LESSONS

Personal Information

Full Name		Pronouns
Address		
Phone	Email	
Driving License	<input type="checkbox"/> No	<input type="checkbox"/> Yes
University		

Educational Background

Primary Instrument	
Other instrument proficiencies	<input type="checkbox"/> Piano <input type="checkbox"/> Guitar <input type="checkbox"/> Ukulele <input type="checkbox"/> Voice <input type="checkbox"/> Other: _____
Practicum Experience	

References

Name	Email	Phone Number

Internship Application



Continued

Experience

Population	
School students receiving specialized education services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adaptive Music Lessons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Traditional Music Lessons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled Adults/Adults with disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preschool or early childhood	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No
Older Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	

Accommodations

<p>Please list any accommodations you may need throughout your internship to ensure success (if applicable)</p>	
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Other Materials to Submit *Return all materials via email to emma@wellnessmtc.com*

- Resume
- Transcripts
- Rating Scales from 2 of your 3 references (will be sent to their email by us following submission of application)
- 1 Session Plan for a 30 minute session with any population, group or individual
- 1, 5 minute video of a music therapy experience for one of the following:
- 1) 6 year old individual with expressive communication goals
- 2) Older adults group with functional movement goals