



## UNIVERSITY AFFILIATED INTERNSHIP APPLICATION

<b>PERSONAL INFORMATION:</b>	
Name:	Date:
Address:	Email:
Phone:	Desired Start Date: <i>(Either August 14, 2017 or December 4, 2017)</i>
<b>EDUCATION &amp; ACADEMIC INFORMATION:</b>	
All University/College Names:	GPA:
Academic Advisor: Department:	Advisor's Email: Phone:
Projected date of Coursework Completion:	Degree:
Principal Instrument:	Other instruments of proficiency:
Awards, Scholarships, Special Qualifications:	Favorite college class; Why?
How many clinical hours have you already earned that can be applied toward your internship?	
<b>EXPERIENCE:</b>	
<ol style="list-style-type: none"> <li>1. <i>List all music therapy experience you have had; include setting/location, population, brief details of your role in this experience, and reasons as to whether or not you would enjoy working in these settings as a professional music therapist.</i></li>   <li>2. <i>Tell us about other educational or training experiences you have had outside of your music therapy coursework that have helped shape your view and understanding of music therapy.</i></li>   <li>3. <i>Tell us about all of your performance experiences.</i></li> </ol>	

**PROFESSIONAL & CAREER GOALS:**

1. *What is your philosophy of music therapy?*
2. *Who has influenced you the most when deciding what music therapy is to you?*
3. *Why are you interested in interning with Metro Music Therapy, LLC?*
4. *Why do you think you would be a valuable addition to the field of music therapy?*
5. *What excites you the most about becoming a music therapist? What makes you the most nervous?*
6. *Professionally, where do you see yourself in 10 years?*

Applicant's Electronic Signature:

**Please send completed application along with:**

- Cover Letter and Resume (please email)
- Official University Transcript (please mail to address below)
- Three (3) Professional Letters of Recommendation (please email if possible; mail if needed)
- Video of one song utilizing guitar and voice (please email)

**To:**

Mallory Even, LPMT, MT-BC

Owner & Director, Metro Music Therapy

5960 Crooked Creek Road | Suite 140 B

Peachtree Corners, GA 30092

[mallory@metromusictherapyga.com](mailto:mallory@metromusictherapyga.com); cc to [laura@metromusictherapyga.com](mailto:laura@metromusictherapyga.com)