



Music Therapy Internship Application

Name: _____ Date: _____

E-Mail: _____ Phone: _____

Current Address: _____

Permanent Address: _____

School: _____ Preferred Start Date: _____

Please answer the following questions:

List your principal instrument and any secondary instruments on which you are proficient:

Write your own brief definition of music therapy and describe what makes an exceptional music therapist.

Describe two of your favorite moments from your practicum experiences.

Describe one difficult or frustrating moment from your practicum experience.

What population MOST interests you? What are your strengths and weaknesses with this population?

What population LEAST interests you? What are your strengths and weaknesses with this population?

What experience, if any, have you had talking to others about music therapy?

What type of supervision do you find beneficial to your learning process?

How would you respond if you disagreed with a supervisor’s criticism or approach?

Why do you wish to complete your internship at the Star Center? What do you hope to gain from this experience?

<p>Send by mail or e-mail to: Christina L. Watson, MT-BC STAR Center, Inc. 1119 Old Humboldt Road Jackson, TN 38305</p> <p>Questions? chrissy.watson@star-center.org / 731-554-5148</p>	<p>Include:</p> <ol style="list-style-type: none">1. This Application2. Three letters of Reference, including one from your Music Therapy director.3. Latest College Transcript4. Resume and Cover Letter
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