



Music Therapy Internship Application

*Accompanying Fact Sheet provides detailed instruction for completing this 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?

Summarize your video submission (see below) and note any other qualities you feel would make you a good fit as an intern at the Star Center:

<p>Send by <u>mail</u> or <u>e-mail</u> to:</p> <p>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>Applications will be considered as they are received and must include:</p> <ol style="list-style-type: none">1. This Application2. Letter of Verification from your Music Therapy Director3. Two additional Letters of Reference4. Latest College Transcript5. Resume and Cover Letter6. Video Recording of your Musical Proficiency (max 4 min)
---	---

Updated 2018