



## APPLICATION FOR MUSIC THERAPY INTERNSHIP

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ alternate telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Internship date for which you are applying: September \_\_\_\_\_(year)

What date will you, or did you, complete your academic training? \_\_\_\_\_

### **EDUCATION**

College: \_\_\_\_\_ Degree: \_\_\_\_\_

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Graduate School: \_\_\_\_\_ Degree: \_\_\_\_\_

Current overall GPA: \_\_\_\_\_

### **PERSONAL INFORMATION**

Are you legally authorized to work in the U.S.? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a crime (*felony*)? \_\_\_\_ Yes \_\_\_\_ No

If yes, give details: \_\_\_\_\_

List instruments played with proficiency, including primary instrument: \_\_\_\_\_

Do you have any other skill(s) you wish to mention? \_\_\_\_\_

**PRACTICUM EXPERIENCE:**

*(Choose 2 from your experience.)*

1. Facility: \_\_\_\_\_ Population Served: \_\_\_\_\_

Dates of Practicum \_\_\_\_\_ Supervisor: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Describe one application used: \_\_\_\_\_

\_\_\_\_\_

List any intervention techniques you used that were necessary or helpful to be effective with this population: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Facility: \_\_\_\_\_ Population Served: \_\_\_\_\_

Dates of Practicum \_\_\_\_\_ Supervisor: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Describe one application used: \_\_\_\_\_

\_\_\_\_\_

List any intervention techniques you used that were necessary or helpful to be effective with this population: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I would like to request an internship at Madonna School for the following reasons:**

**REFERENCES (letters of reference required):**

1. \_\_\_\_\_  
*Name – Academic Advisor Occupation Phone number*
2. \_\_\_\_\_  
*Name Occupation Phone number*
3. \_\_\_\_\_  
*Name Occupation Phone number*

I certify that the answers given by me to the foregoing questions are true and correct without consequential omissions of any kind. I agree that the school shall not be held liable in any respect if my internship is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if internship is accepted, may be cause for termination. I also authorize the schools or persons named above to give any information requested regarding my eligibility, character, and qualifications. I hereby release said schools or persons from all liability for any damage for issuing this information. In consideration of my internship, I agree to conform to the rules and regulations of this organization. My internship can be terminated with cause, and with notice, at anytime, at the option of my internship director, academic advisor, or myself.

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

**RETURN APPLICATION TO:**

Mary Lynn Bennett, MT-BC, Internship Director  
Madonna School  
6402 N. 71st Plaza  
Omaha, Nebraska 68104  
Or  
[mbennett@madonnaschool.org](mailto:mbennett@madonnaschool.org)

DEADLINE for applications: Last Monday in February

**ATTACHMENTS MUST BE SENT WITH APPLICATION**

*(exception: If you are sending your application via e mail, make sure that your transcript is official, either emailed through your University, or sent through the US mail.*

- \* Three letters of reference
- \* Resume
- \* Copies of all transcripts

**\*\* Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, disability, marital status, sexual orientation, or any other characteristic protected by law.**