



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: _____

College: _____ Degree: _____

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

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.**