

MTAM Stipend Application Form

Applicant Information

Name of Applicant:

\_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Best time to call:      Morning              Afternoon              Evening

Email address (optional):

\_\_\_\_\_

School Information

Name of College/University:

\_\_\_\_\_

Name of Music Therapy Professor/Program Director:

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Anticipated Date of Graduation (MM/YY): \_\_\_\_\_

Internship Site Information

Name of Internship Site: \_\_\_\_\_

Mailing

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

\_\_\_\_\_

Name of Internship Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Anticipated Start Date of Internship (MM/YY): \_\_\_\_\_

Internship type (circle one):      Full-Time              Part-Time

Other: \_\_\_\_\_

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### Extracurricular Activities

\*Be sure to include work outside of school as well as volunteer experience and/or community service. Include as much as you wish from your past history (use additional sheet if necessary).

Accompanying documentation: One-page Music Inspirations Essay, audition tape, recent unofficial college transcript, 3 letters of recommendation (one must academic), and professional resumé. Send To: Music Therapy Association of MN

c/o Peter Meyer

2604 Como Ave. SE

Minneapolis, MN 55414.