

Music Therapy Association of Georgia
Application Form
2009 MTAG SCHOLARSHIP
FOR MUSIC THERAPY INTERNS

Please Type:

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

University: _____

Projected Graduation Date: _____

Internship: _____ City, State: _____

Beginning Date: _____ Completion Date: _____

Please submit **three copies** of each of the following information:

1. Completed application form, including both information page and essay sections, signed and dated. (Must be postmarked by February 27, 2009.)
2. Three letters of recommendation from a music therapy professor, a professional familiar with the applicant's clinical skills and another person of the applicant's choice. (Please ask that three copies be made upon completion of your recommendation.)
3. GPA report signed by student's primary music therapy professor. (May be in the form of a transcript or typed account of GPA).
4. Please note on your application if there is any special consideration (for a disability) that should be made that could possibly hamper the application process.

****Send the **3 sets** of the completed application *and* other requirements to: ****

2009 MTAG Scholarship
276 Linbrook Drive
Demorest, Georgia 30535

I am a music therapy student attending Georgia College and State University or the University of Georgia and will be interning within the next year, April 2009-April 2010.

Signature

Date

Short Essay: Please answer the following questions in the space provided or attach additional pages if necessary. Please type.

- **Describe your experiences/activities as a music therapy student, including practicum work and volunteer experience as well as other activities.**

- **Briefly describe your need for seeking financial assistance.**

- **Define your philosophy of music therapy and explain why you chose music therapy as a career.**

- **Upon completion of internship, what is your career plan in music therapy?**
