

Music Therapy Association of Georgia

Application Form 2024 MTAG SCHOLARSHIP - FOR MUSIC THERAPY INTERNS

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

University: _____

Projected Graduation Date: _____

Internship: _____ City, State: _____

Beginning Date: _____ Completion Date: _____

Please submit the following information:

1. Completed application form, including both information page and essay sections, signed and dated. (Must be emailed **by March 1, 2024**.)
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.
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.

Please submit your application by email.

EMAIL: Submit application and all other documents as email attachments to this email address:
(Email only one copy of each document.) **MusicTherapyAssoc.Georgia@gmail.com**

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

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?

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 2024-April 2025**. Please note, the recipient must also be a registered member of the Music Therapy Association of Georgia.

Date

Signature