APPLICATION FOR MUSIC THERAPY INTERNSHIP

Requested Internship Start Date/Application Deadlines

January start date (Deadline: June 5 of the prior year)  
June start date (Deadline: November 5 of the prior year)

The following materials **MUST** accompany this completed application:

- [ ] Official academic transcript from all colleges/universities attended
- [ ] Three letters of recommendation (non-relatives) addressing the clinical, communication, and musical skills of the applicant (at least one must be in narrative form and not a standardized form from student’s professor)
- [ ] Signed and dated statement of eligibility for internship from academic supervisor
- [ ] Current resume
- [ ] Essay of 500 words or less which answers the following questions:
  1. Why are you interested in becoming a music therapist?
  2. What is your philosophy of music therapy?
  3. What are your goals and expectations for this clinical internship?
  4. What strengths will you bring to this internship?
  5. What skills do you wish to enhance through this internship experience?
  6. Why are you interested in an internship at Arkansas Children’s Hospital?
Personal/Contact Information

Name: ________________________________

Address: __________________________________________

Phone Numbers: Home: ___________ Cell: ___________

Email: __________________________________________

Social Security Number: ____________________________

Birthdate: ______________

Academic Information

Current College/University: __________________________

Address of University: __________________________________________

Academic Director: ________________________________

Academic Director’s Phone Number: __________________________

Academic Director’s Email: ___________________________

Date Academic Work Will Be Completed: ____________________________

Degree(s) to be awarded: ________________________________

Major Instrument(s) and Number of Years Studied: ____________________________

By signing below I acknowledge that a legal affiliation agreement with my university as well as a background check, drug test, and proof of required immunizations is necessary to complete an internship at Arkansas Children’s Hospital.

Signature: ____________________________ Date: ______________

Please return to:
Andrew Ghrayeb, MA, MT-BC
Music Therapy Internship Coordinator
Child Life and Education Department
Arkansas Children’s Hospital
1 Children’s Way
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