

## **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 prioryear)
The following materials <u>MUST</u> 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:
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
Slot 804
Little Rock, AR 72202
GhrayebA@archildrens.org