

Music Therapy Internship Application

Due November 1

Start date: August -	March (6 mor	nth internship)			
Name					
Gender		Preferr	red Pronouns		
Address					
City			State	Zip	
Cell Phone		Email			
Minor Field of Study					
Major Instrument					
Guitar Skill:	Beginner	Intermediate	Advanced		
Piano Skill:	Beginner	Intermediate	Advanced		
Voice Skill:	Beginner	Intermediate	Advanced		
Please answer the fo thorough in your re	- I	stions in a separate	document and attac	ch them to this application. I	Ве
1. What is your philo	sophy of mus	sic therapy?			
2. Why do you wish	to intern in th	e private practice se	tting?		
3. What is your curre	ent favorite po	opulation to serve?	And why?		
4. What strengths and	d skills do yo	u bring to your inter	nship?		
5. What areas do you	wish to grow	v in your internship?			

Please include the following items with your application via email or snail mail:

- Eligibility letter signed by your academic advisor
- Official copy of your transcript
- 3 Letters of recommendation (1 from music therapy faculty, 1 from practicum advisor, 1 from employment reference)
- Professional resume including clinical experience and work experience
- 2 documentation examples (1 redacted assessment report and 1 session plan including goals and objectives)

If recommendation references prefer, they may send letters via email to sarah.chappell@groovygarfoose.com

Finalists will be invited to interview before December 31 (the year before internship starts). Finalists will complete an on-site interview at our studio in Stow. If unable to travel, the applicant will be requested to complete an interview via Zoom.

Thank you for your interest!

Sarah Chappell, MT-BC Internship Director Clinical Music Therapist The Groovy Garfoose, LLC Bonnie Hayhurst, MT-BC Owner and Director of Services Clinical Music Therapist The Groovy Garfoose, LLC