

MTAM Stipend Application Form

Applicant Information

Name of Applicant:

Current Mailing

Address: _____

Phone Number: _____

Best time to call: Morning Afternoon Evening

Email address (optional):

School Information

Name of College/University:

Name of Music Therapy Professor/Program Director:

Phone Number: _____

Anticipated Date of Graduation (MM/YY): _____

Internship Site Information

Name of Internship Site: _____

Mailing Address:

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Name of Internship Supervisor: _____

Phone Number: _____

Email: _____

Anticipated Start Date of Internship (MM/YY): _____

Internship type (circle one): Full-Time Part-Time

Other: _____

Extracurricular Activities

*Be sure to include work outside of school as well as volunteer experience and/or community service. Include as much as you wish from your past history (use additional sheet if necessary)

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Accompanying documentation: One-page Music Inspirations Essay, audition tape, recent unofficial college transcript, 3 letters of recommendation (one must academic), and professional resumé.

Send To:

Music Therapy Association of MN

c/o Michelle Sieben
3150 Cannon Street
Apt. 3
Hastings, MN 55033