

Applicant Information

Name of Applicant:

Current Mailing Address: _____

Phone Number: _____

Best time to call: Morning Afternoon Evening

Email address: _____

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: _____

Internship Mailing Address: _____

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)

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:

MTAM Stipend
c/o Stephanie Holman Hubbard, MA, MT-BC
2745 Hilo Ave, N
Oakdale, MN, 55128