CCHMC Mental Health Music Therapy Internship Application

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| **Name** |  |
| **Requested start date** |  |
| **Address** |  |
| **Permanent address** |  |
| **Phone number** |  |
| **Email** |  |
| **College/University** |  |
| **Academic director** |  |
| **Academic director’s email** |  |
| **Date academic coursework will be completed** |  |
| **Degree(s) to be awarded** |  |
| **Major instrument** |  |
| **Years studied** |  |

Ensure that the following are submitted for your electronic application *(see application instructions on internship website for more details)*:

* This application form
* Resume
* Essays
* Link to YouTube videos
* Coursework description
* Electronic transcripts *(if using unofficial transcripts)*

Ensure that the following are being sent from the source to [mentalhealthMTinternship@cchmc.org](mailto:mentalhealthMTinternship@cchmc.org):

* Transcripts *(if using official transcripts)*
* 3 letters of recommendation
* Letter of eligibility from academic director *(if not included in letters of recommendation)*