

Application for Music Therapy Internship/Franciscan Life Process Center



Personal

Last Name	First	Middle		
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Street (Local Address)	City	State	Zip
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Street (Permanent Address)	City	State	Zip
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Phone/E-mail _____

Education

High School _____

Name	Address
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College _____

Name	Address
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Please complete the following:

- I. List any co-curricular activities in which you are/were involved. Give dates.
- II. List any volunteer work in which you are/were involved. Give dates.
- III. List any full-time/part-time employment positions. Include company name, address, phone, name of supervisor, dates employed. Begin with your most recent employer. Your previous employers listed may be contacted unless you indicate those you do not want contacted.
- IV. Include a short paragraph on your philosophy of Music Therapy.
- V. Submit this signed application, along with a copy of your college transcript(s) and two letters of recommendation, one of which must be from the Director of the Music Therapy Program in which you fulfilled your undergraduate music therapy requirements. **Application materials must be sent all together in one package.**

I have completed this form as accurately as possible. I understand that this information will be shared with the Director of the Franciscan Life Process Center and potential supervising music therapists. I also understand that if I am accepted into this Program, my participation will be reviewed and evaluated by the Director of the Program and that evaluation will be shared with my educational instructors and those persons supervising my degree program. It may also be shared with prospective employers. I consent to disclosure of my evaluations and reviews for educational and employment purposes.

Signature of Applicant _____ Date _____

For additional information please contact: Miranda Eden, MT-BC, Internship Director
(616) 897-7842 x 332, meden@lifeprocesscenter.org