

Music Therapy Internship Application
PLEASE TYPE or PRINT CLEARLY



Name _____ Daytime Phone _____
Address _____ City _____ State _____ Zip _____
E-mail address _____
Preferred starting month: January (through August) _____ September (through May) _____

Academic Background

Current University _____ Dates Attended (Month/Year) From _____ To _____
Major _____ Minor/Areas of Emphasis _____
Graduation Date _____ Degree Earned/sought _____ GPA _____
Music Therapy Professor _____ Phone/e-mail _____

Previous University _____ Dates Attended (Month/Year) From _____ To _____
Major _____ Minor/Areas of Emphasis _____
Graduation Date _____ Degree Earned/sought _____ GPA _____
Music Therapy Professor _____ Phone/e-mail _____

Music Therapy Practicum Experience

Client Population _____
Facility Name/Location _____
Dates (Month/Year) From _____ To _____ Hours per week _____ Total Hours _____
Briefly describe _____

Practicum Supervisor _____ Phone/e-mail _____

Client Population _____
Facility Name/Location _____
Dates (Month/Year) From _____ To _____ Hours per week _____ Total Hours _____
Briefly describe _____

Practicum Supervisor _____ Phone/e-mail _____

Client Population _____
Facility Name/Location _____
Dates (Month/Year) From _____ To _____ Hours per week _____ Total Hours _____
Briefly describe _____

Practicum Supervisor _____ Phone/e-mail _____

Client Population _____
Facility Name/Location _____
Dates (Month/Year) From _____ To _____ Hours per week _____ Total Hours _____
Briefly describe _____

Practicum Supervisor _____ Phone/e-mail _____

Client Population _____
Facility Name/Location _____
Dates (Month/Year) From _____ To _____ Hours per week _____ Total Hours _____
Briefly describe _____

Practicum Supervisor _____ Phone/e-mail _____

Related Volunteer Experience? _____ Yes _____ No (If no, please continue to next section)

Did you work with a pediatric population? _____ Yes _____ No

Were you supervised by a Music Therapist? _____ Yes _____ No

Name of institution _____ Department _____

Address _____

Dates (Month/Year) From _____ To _____ Hours per week _____ Total hours _____

Briefly describe population and responsibilities _____

Volunteer Supervisor _____ Phone/e-mail _____

Related Work Experience? _____ Yes _____ No (If no, please continue to next section)

Name of institution _____ Department _____

Address _____

Dates (Month/Year) From _____ To _____ Hours per week _____ Total hours _____

Briefly describe population and responsibilities _____

Supervisor _____ Phone/e-mail _____

Other Experience with Children, Adolescents and Families

Name of Agency _____

Address _____ Position/Title _____

Dates (Month/Year) From _____ To _____ Hours per week _____ Total hours _____

Briefly describe population and responsibilities _____

Supervisor _____ Phone/e-mail _____

Name of Agency _____
Address _____ Position/Title _____
Dates (Month/Year) From _____ To _____ Hours per week _____ Total hours _____
Briefly describe population and responsibilities _____

Supervisor _____ Phone/e-mail _____
Name of Agency _____
Address _____ Position/Title _____
Dates (Month/Year) From _____ To _____ Hours per week _____ Total hours _____
Briefly describe population and responsibilities _____

Supervisor _____ Phone/e-mail _____

Professional, School and Community Involvement

List organizations you are currently or recently involved in _____

References:

Please provide three letters of reference including one from your music therapy professor and one from a professional who has seen you interact with children. References can include professionals previously mentioned on this application. Letters can be scanned with signature and sent directly from your sources to eklinger@luriechildrens.org. Reference letters sent via postal mail should be in sealed and signed envelopes and included with your application materials.

Essays:

Please include an essay response to each of the following prompts:

Describe your philosophy of music therapy.

Why do you want to do an internship at Lurie Children's?

Share a patient/client story that impacted you in some way.

Please Enclose

___ Your official transcripts

___ Your current resume

___ 3 letters of reference (one must be from academic director verifying your eligibility for internship)

I confirm that the information provided in the application is true to the best of my knowledge. I further understand that any false statements on the application shall be sufficient cause for rejection for this internship or immediate discharge when discovered. Incomplete applications will not be considered. I hereby authorize my former supervisors and references to release information regarding my past experiences to assist this committee in determining my suitability for the internship.

Applicant's signature _____ Date _____

Please return completed application and materials to:

Elizabeth Klinger, MA, MT-BC
Ann & Robert H. Lurie Children's Hospital of Chicago
225 E. Chicago Ave. Box 31
Chicago, IL 60611-2605

Please direct any questions to 312.227.3282 or eklinger@luriechildrens.org

The internship selection committee at Lurie Children's does not discriminate on the basis of race, creed, ancestry, color, religion, gender, sexuality, national origin, age, or disability. We reserve the right to not offer the internship every semester.