



INTERNSHIP APPLICATION

INFORMATION	
Name:	Date:
Address:	Email:
Phone:	Desired Start Date:
EDUCATION	
Academic Institution:	Date of coursework completion:
Academic Advisor:	Advisor's Email & Phone Number:
Principal Instrument:	Proficient Instruments:
Awards & Scholarships:	Special training or certifications:

Please attach separate narrative for Questions 1-7

1. List your music therapy experiences as a student working under an MT-BC. Please include the facility type, primary populations, and a short example of goals addressed with documentation style.
2. Please share your philosophy of music therapy and how you believe that will shape you to be an extraordinary music therapist.
3. Elaborate on your special trainings, certifications, and experience outside of music therapy that have shaped your approach to working with clients.
4. What populations are you interested in working with, what populations are you not interested in working with, and why?
5. Please share where you see yourself as a professional in 10 years.
6. Please share why you are interested in interning at Toneworks.
7. What is your favorite music therapy intervention, what population do you use it with, and what is your goal and objective?

Applicant Signature:

Date:

Please send completed application along with:

- Cover Letter and Resume
- Official University Transcript
- Three (3) Professional Letters of Recommendation

To:

Lyndie Walker, MT-BC

Director of Clinical Services, Toneworks Music Therapy Services, LLC

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Minneapolis, MN 55427

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