

**PATHWAYS HOSPICE
MUSIC THERAPY INTERNSHIP APPLICATION**



I. PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

Telephone: _____ Email: _____

Social Security # or Visa #: _____

Desired starting date: _____ January _____ July Year 20_____

II. EDUCATION INFORMATION

College Presently Attending: _____

College Address: _____

Department: _____ Telephone: _____

Date of Coursework Completion: _____ BA or MA Degree: _____

Major Instruments: _____

Instruments with which you have proficiency: _____

Performance Experience: _____

III. PERSONAL EXPERIENCE AND QUALIFICATIONS

1. List all experiences in education of therapeutic settings. Identify the population and outline briefly your position and duties: _____

2. List special qualifications and skills (i.e. Orff, relaxation, scholarship, awards):

IV. PLEASE RESPOND TO THE FOLLOWING QUESTIONS (Use additional sheets if necessary)

1. Through your personal experience, describe your thoughts and ideas of how music therapy can aid a terminally ill client: _____

2. Why are you interested in Pathways Hospice as a training site?

3. What would you like to do with your Music Therapy degree following the successful completion of your internship? _____

4. What are your expectations for the internship? _____

5. Are you available for an on-site interview? _____

Applicant Signature

Date

The following documentation must accompany your application:

1. One official copy of your complete transcript form from all colleges and Universities you have attended
2. Three professional letters of recommendation. One must be from your advisor
3. Optional: Any research papers, studies or information that would be important for consideration as a potential intern
4. A personal interview is desired

Additional Information Only one intern will be accepted each session

Return all information to:
Laura E. Beer, MA, ACMT
Clinical Training Director
Pathways Hospice
305 Carpenter Road
Fort Collins, CO 80525
970/663-3500 ext. 279