APPLICATION FOR THE AOMT

MUSIC THERAPY INTERN SCHOLARSHIP

Name:

Are you currently a student member of AOMT?

Yes No (Membership a requirement for eligibility; join at <http://aomt.org/membership.html>)

Permanent Address

Street:

City/State/Zip:

Preferred mailing address

Street:

City/State/Zip:

Phone:

Email:

Individual Who Could Provide Professional Recommendation if Requested by Scholarship Committee

Individual’s Name:  Relationship to Applicant:

Email Address:

University Attended:

Clinical Training Site:

Dates of Internship:

Clinical Training Director:      

Director’s Email Address:

Please make sure that your email submission includes both this completed application and your treatment/session plan as attachments. Title all documents to be attached with your Last Name, and the type of required application material. (i.e., Seley Application and Seley Treatment plan). Please confirm your request for a recommendation with individual whom you asked prior to submitting your application.

Your typed name below serves as your signature for this application.

|  |  |
| --- | --- |
| Applicant’s Signature |  |
| Date of Application |  |

*Please send completed applications to:*

*Jenn Seley, AOMT Scholarship Chair*

[*AOMTscholarship@gmail.com*](mailto:AOMTscholarship@gmail.com)

***Applications and treatment plans due Sunday, April 8, 2018 at 11:59PM***