

Music Therapy Student Internship Program Application

**All Applications are to be electronically filled out and
submitted to Danielle Porter**

Email: Danielle.Porter@brooksrehab.org

Please include a resume and unofficial transcript with your application submission.

**Questions? Contact Danielle Porter, Music Therapy Student Internship Coordinator:
Danielle.Porter@Brooksrehab.org**

Potential Internship Period: _____ January _____ June _____

Name: _____

D.o.B: _____ **Phone Number:** _____

Email Address: _____

Current Address: _____

Street Address

City

State

Zip

Major Instrument: _____

School _____ **Expected Graduation Date:** _____

**Brooks Rehabilitation requires a Signed Affiliation Agreement to complete and internship as this opportunity is not offered through AMTA's National Internship Roster.*

Academic Music Therapy Director: _____

Email Address: _____

Address: _____

Street Address

City

State

Zip

Phone Number: _____ **Fax:** _____

Please Provide the Following 3 References:

1. Director of Music Therapy: _____

Email Address: _____

Phone Number: _____

2. Practicum Supervisor: _____

Email Address: _____

Phone Number: _____

3. Personal/Employment Reference: _____

Email Address: _____

Phone Number: _____

Please fill out the below questions in a word document if extra space is needed

1. Describe your musical skills and background. On what instruments are you proficient? What musical skills do you need to improve?

