

## **Music Therapy Student Internship Program Application**

**All Applications are to be electronically filled out and  
submitted to Alexandria Kwan**

**Email: [Alexandria.denne@brooksrehab.org](mailto:Alexandria.denne@brooksrehab.org)**

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

**Questions? Contact Alexandria (AJ) Kwan, Music Therapy Student Internship Coordinator:  
[Alexandria.denne@brooksrehab.org](mailto:Alexandria.denne@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?

4. Please describe your ideal work environment and pace.