



# ASPIRE MUSIC THERAPY INTERNSHIP APPLICATION

Internship Site	Internship Director
Aspire Music Therapy, LLC 6620 Angello Court Fort Wayne, IN 46835	Nicole Keller, MT-BC nicole@aspiremusictherapy.com 260-255-4502, ext 1

## APPLICANT INFORMATION:

<i>Applicant Full Name:</i>	
<i>Home Address:</i>	
<i>City/State/ZIP:</i>	
<i>Best Phone Number:</i>	
<i>Email Address:</i>	
<i>Primary Instrument:</i>	

<i>University:</i>				
<i>Director of Music Therapy:</i>				
<i>Director's Contact Information:</i>				
<i>Coursework Completion Date:</i>				
<i>Desired Start Date:</i>	January	June	<i>Year:</i>	

## PROFESSIONAL PAPERWORK:

*Please submit the following:*

- Resume (including practicum experiences)
- Cover letter
- Unofficial Transcripts
- Letter of Verification from Academic Director
- 3 letters of recommendation
  - One may be from non-music therapy related work/organization
  - Two must be from music therapy clinical supervisors or professors
  - Must be sent electronically from person completing the recommendation to nicole@aspiremusictherapy.com

## WRITTEN MATERIALS:

---

*Submit written responses, no more than 1-page length each:*

- What is your philosophy of music therapy?
- What are your strengths and weaknesses?
- Why are you interested in interning at Aspire?
- What do you hope to gain during your internship experience?
- An example treatment plan, including goals and objectives (ensure no real client information is on this document)
- An example session plan, including information on how you'll use music to address your client's goals (ensure no real client information is on this document)

## MUSIC SKILLS:

---

*Please submit a video demonstrating your music skills on guitar and piano. The video should contain you singing and accompanying yourself, choosing two different songs for each instrument.*

## EMERGENCY CONTACT:

---

*Who should be contacted if you are involved in an emergency?*

<i>Contact Name:</i>	
<i>Relationship to you:</i>	
<i>Address:</i>	
<i>City/State/ZIP:</i>	
<i>Daytime phone:</i>	
<i>Evening phone:</i>	

## SUBMISSION:

---

Please submit completed application and requested materials via email to [nicole@aspiremusictherapy.com](mailto:nicole@aspiremusictherapy.com). Application deadlines are as follows:

### For January Start Dates:

Our *early decision deadline* is **July 1**. Spots may be filled at this time.

Our *general application deadline* is **October 1**, should there be spots remaining.

### For June Start Dates:

Our *early decision deadline* is **January 1**. Spots may be filled at this time.

Our *general application deadline* is **April 1**, should there be spots remaining.

The internship selection committee at Aspire Music Therapy, LLC does not discriminate on the basis of race, creed, ancestry, color, religion, sex, national origin, age, marital status or disability. We reserve the right to not offer the internship every semester.