



Compassion for Life

MUSIC THERAPY INTERNSHIP APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ EMAIL: _____

INTERNSHIP TIMEFRAME OF INTEREST:

____ JAN-JUL YEAR _____

____ APRIL-OCT YEAR _____

____ JUL-JAN YEAR _____

____ OCT.-APRIL YEAR _____

AMTA University: _____

Additional higher education: _____

Anticipated date of completion of AMTA coursework: _____

Have you ever been convicted of or pled guilty to an offense other than minor traffic violations?

Yes No

If yes, nature of offense: _____

Please answer the following questions on a separate page (typed):

1. Why did you select Four Seasons as a music therapy training site?
2. Discuss your greatest strength as a music therapist, and one area you would like to improve upon during your music therapy internship.
3. What do you hope to gain from your music therapy internship experience?

In addition, complete the following:

1. Resume with all academic, professional, and relevant personal information. Please include all practicum experiences.
2. Letter of eligibility and recommendation from your Academic MT director.



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3. One other letter of recommendation.
4. Official transcripts must be mailed directly to us from your university.
5. A video recording in which you:
 - sing and accompany yourself on two hospice appropriate songs
 - play one instrumental piece
 - discuss your vision of music therapy in hospice work

Note: Video must not contain client content

Please send the completed application to:

Brenda Williams, MA, MT-BC
Four Seasons
571 South Allen Road
Flat Rock, NC 28731

Phone: 828-692-6178

866-466-9734 (toll free)

Email: bwilliams@fourseasonscfl.org

www.FourSeasonsCFL.org

Applications are due 6 months before the start date.

**Once all applications for a start date have been reviewed,
qualified applicants will be contacted for an interview.**