APPLICATION FOR MUSIC THERAPY INTERNSHIP

Requested Internship Start Date/Application Deadlines

January start date (Deadline: June 5 of the prior year)  
June start date (Deadline: November 5 of the prior year)  

The following materials **MUST** accompany this completed application:

- Official academic transcript from all university
- Three letters of recommendation (non-relatives) addressing the clinical, communication, and musical skills of the applicant (at least one must be in narrative form and not a standardized form from student’s professor)
- Signed and dated statement of eligibility for internship from academic supervisor
- Current resume
- Essay of 500 words or less which answers the following questions:
  1. Why are you interested in becoming a music therapist?
  2. What is your philosophy of music therapy?
  3. What are your goals and expectations for this clinical internship?
  4. What strengths will you bring to this internship?
  5. What skills do you wish to enhance through this internship experience?
  6. Why are you interested in an internship at Arkansas Children’s Hospital?
Personal/Contact Information

Name: _______________________________________________________
Address: _____________________________________________________
Phone Numbers: Home:________________ Cell:________________________
Email: _______________________________________________________
Social Security Number: __________________________________________
Birthdate: _________________

Academic Information

College/University: ______________________________________________
Address of University: ___________________________________________
_________________________________________________
Academic Director: _______________________________________________
Academic Director’s Phone Number: _________________________________
Academic Director’s Email: _________________________________________
Date Academic Work Will Be Completed: _____________________________
Degree(s) to be awarded: __________________________________________
Major Instrument(s) and Number of Years Studied: _____________________

By signing below I acknowledge that a legal affiliation agreement with my university as well as a background check, drug test, and proof of required immunizations is necessary to complete an internship at Arkansas Children’s Hospital.

Signature: __________________________ Date: _______________________

Please return to:
Andrew Ghrayeb, MA, MT-BC
Internship Director
Child Life and Education Department
Arkansas Children’s Hospital
1 Children’s Way
Slot 804
Little Rock, AR 72202
GhrayebA@archildrens.org