

Club Scholarship Application

Mid- Atlantic Region Association for Music Therapy Students

Title of Project: _____

Date(s) on which project was carried out: _____

I, as advisor to the student music therapy organization at _____
(school name), verify that this project was planned and carried out by the students currently
active in our student organization.

Signed: _____

Date: _____

I, as president of the student music therapy organization at _____
(school name), verify that this project was planned and carried out by the students currently
active in our student organization.

Signed: _____

Date: _____

Please, answer the following questions.

- Club Name:
- School:
- Total number of active club members:
- How many club members participated in the project?
- Date of project:
- Project title:
- Location of project:
- How many participants (non-club members) were there?
- Would this project be considered (circle): Fundraiser Advocacy Volunteer

Please type your answers to the following questions on a separate page(s).

1. What were the goals of project?
2. Please describe the project concisely.
3. Did the implementation of the project accomplish the goals? Please explain.
4. Please include testimonial / responses from participants. **DO NOT INCLUDE PICTURES OR VIDEO!!**

Please remember to have your club advisor and club president sign the cover sheet.