

Graduate Scholarship Application
Mid-Atlantic Region Association for Music Therapy Students

Name: _____ **Telephone ()** _____

E-mail: _____ **Cell phone ()** _____

Address: _____

Street

City, State

Zip

College/University Currently Attending: _____

1. What year are you in your graduate program? _____

2. Have you been active in the AMTA in the past and if so, how and on what level/s (regional, state, national)? _____

3. Are you involved in any other professional organizations (please circle)? Yes No

If yes, which organizations? _____

4. Have you attended any professional development seminars, conferences, workshops, etc. outside of your graduate program? Yes No

If yes, what were they? _____

5. Choose one of the following essays to complete (please use separate page(s) and attach):

- a. Describe your research experience, plans, and interests in music therapy.
- b. Provide a brief summary of your philosophy of music therapy.
- c. Tell us about your future goals as a music therapist.

6. Please include one letter of recommendation from a supervisor, advisor, or professor.