

**JENNY SHINN MEMORIAL SCHOLARSHIP
FOR MUSIC THERAPY INTERNS
MID-ATLANTIC REGION OF THE AMERICAN MUSIC THERAPY ASSOCIATION**

NAME: _____

SCHOOL: _____

YOUR ADDRESS AT SCHOOL (IF APPLICABLE): _____ HOME ADDRESS: _____

CITY-STATE-ZIP: _____ CITY-STATE-ZIP: _____

TELEPHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

INTERNSHIP SITE (if already selected): _____ CLINICAL TRAINING DIRECTOR (if already known): _____

TELEPHONE OF THE SITE: _____ INTERNSHIP DATES: _____
() _____

Following the procedures outlined on this form, please provide the following:

1. Describe your involvement in professional activity during your student years. Include club activities, conference attendance and/or presentations, community speaking, publications, offices held, and other music therapy related events and responsibilities.
2. Describe your involvement in other college and community activities.
3. Write a short essay describing your long-range professional goals as a music therapist.
4. Write a short statement describing how this scholarship funding will assist you during your internship. Include why you feel you need this money. Also include information re housing, stipends, and meals during your internship.
5. Provide three (3) letters of recommendations from: **a music therapy professor, a clinical supervisor, and one other person of your choice.** Use the enclosed form. *Letters of recommendation should be given to the applicant in a sealed envelop. The applicant will include ALL letters in the application packet. Recommendation letters sent separately will not be accepted. Please let the writer know that your name cannot be used on the recommendation form (name can only be mentioned at the top of the form in the space provided).*
6. Send an official copy of your college transcript [if possible, please include with application packet]
7. Send one original copy of application, and three blind (!) copies (the blind copies do not include the recommendation letters as these need to remain in their sealed envelope - a blind copy is a copy in which all identifying information is removed).

Please, be concise, type your responses and indicate each question you are answering.
Applications will be reviewed on the basis of:

- professional/student activity in music therapy
- service to school and community
- clarity & purpose in professional goals
- academic performance
- clinical performance
- financial need

A committee of professional MAR members will review all applications. Six finalists will be invited to the Spring MAR conference for a final interview. Those unable to attend should contact the MAR Student Affairs Advisor to make alternate arrangements.

Incomplete applications will not be accepted.

Application Checklist: () One complete application, () 3 blind copies of application, () 1 official transcript, () recommendation letters.

Applicant _____

JENNY SHINN MEMORIAL SCHOLARSHIP FOR MUSIC THERAPY INTERNS

MID-ATLANTIC REGION OF THE AMERICAN MUSIC THERAPY ASSOCIATION

The above named student is applying for a scholarship from the Mid-Atlantic Region chapter of the American Music Therapy Association. To evaluate the applicant, we need your assessment of the applicant both as a clinician and as a person. Please answer the following categories as they apply to your relationship with the applicant. Please provide any other comments you feel will be helpful in the evaluation process. **PLEASE DO NOT USE THE NAME OF THE APPLICANT IN YOUR COMMENTS BELOW** (the name should only be filled out on top of the page). THE APPLICATIONS ARE REVIEWED ANONYMOUSLY.

	T O P 5 %	ABOVE AVERAGE	A V E R A G E	BELOW AVERAGE	NO INFORMATION
Knowledge of music therapy techniques					
Use of music therapy techniques					
Ability to organize					
Ability to work with others					
Musicianship/musical ability					
Functional use of music					
Capacity of self-motivation					
Emotional maturity					
Oral expression					
Written expression					
Sensitivity to client need with					
Children					
Developmentally disabled					
Geriatric					
Psychiatric					
Rehab/medical problems					
Motivation to learn					

COMMENTS:

[Feel free to use an additional page, however, please do not use university letterhead. Please do not write on the back of this form]

NAME

TITLE

SIGNATURE

ADDRESS

TELEPHONE (INCLUDE AREA CODE)

CITY/STATE/ZIP