

SOPHOMORE SCHOLARSHIP APPLICATION
MID-ATLANTIC REGION ASSOCIATION FOR MUSIC THERAPY STUDENTS

Student Name: _____

Address: _____

Telephone Number: _____ **Cell Phone:** _____

E-mail: _____

School: _____

Advisor's Name: _____

Please describe your involvement in Music Therapy during the past year (freshman or transfer). Include the following: (1) club attendance, (2) involvement in club activities (3) conference attendance/ attendance at MARAMTS business meetings, and (4) any other volunteer/job activities in which you have taken part.

Please attach a separate page(s) – type in 12 point font. Do not write on this form. Please, do NOT use your name in your statement.

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MID-ATLANTIC REGION ASSOCIATION FOR MUSIC THERAPY STUDENTS

To be filled out by your advisor

This is to confirm that _____ is
enrolled as a music therapy student at _____.

Please rate the applicant in the following areas:

Response in class:

1	2	3	4	5
Poor		Standard		Outstanding

Evidence of extra work:

1	2	3	4	5
Poor		Standard		Outstanding

Please, write any additional comments about this applicant's performance in your program. Be as specific and accurate as possible as your comments will influence the scoring for this candidate.*

Music Therapy Advisor

Date

Please return this form in a sealed envelope to the applicant. The applicant has been asked to collect and send all materials to the MAR Student Affairs Advisor.

*Please print clearly in black ink only and do **not** use the name of the applicant in your comments. If more space is needed, attach an additional page (not University Letterhead.). Thank you for your time and assistance!