



Music Therapy Internship Application

Name _____

Address _____

Telephone Number _____ E-mail Address _____

College/University _____

Director of Music Therapy _____

Director's Contact Information _____

Coursework Completion Date _____ Month you would prefer to start _____

Primary Instruments _____

Please complete the following on a separate page.

1: Please list and describe any Fieldwork/Practicum Experiences (Please include location and a brief description.)

2: Which Practicum Experience was your favorite? Why?

3: Which Practicum Experience was most challenging for you? Why?

4: List your related work/volunteer experience with children ages 1-12

5: What are your expectations of your internship program (i.e. what you hope to gain from this experience, what you hope to learn and why you have chosen this population)?

6: What is your current "philosophy" of music therapy?

Please provide at least 2 letters of recommendation and a copy of your transcripts.

Send applications to: Bridgeway Academy, c/o Tanya Corso, MT-BC, 2500 Medary Avenue, Columbus, OH 43202 or email to: tcorso@bridgewayohio.org

Please note that interns will be responsible for attaining an FBI and BCI background check (approximately \$60) within the first 30 days. Please be advised that some universities require a legal agreement in addition to the Bridgeway Academy contract, which must be signed and agreed upon prior to the intern starting, which may in some rare cases delay the starting date of the internship.

BRIDGEWAY ACADEMY

614-262-7520 | 2500 Medary Avenue, Columbus, Ohio 43202

www.bridgewayohio.org



Formerly Bridgeway Academy