

**SER-AMTA  
SOUTHEASTERN REGION  
AMERICAN MUSIC THERAPY ASSOCIATION**

**2009-2010 SER-AMTA INTERN SCHOLARSHIP APPLICATION**

**The scholarship is awarded at the annual SER-AMTA conference.  
Recipient does not need to be present to receive the award.**

**Eligibility:**

The applicant must be:

1. student member of SER-AMTA;
2. student in or from an AMTA-approved academic program within the Southeastern Region; and
3. a) already accepted to intern, or  
b) currently interning in an AMTA-approved internship (any region), or  
c) in the internship application process (verified by the university).

**Application Procedures:**

1. Send 10 copies of the completed application information in one package.
2. Three letters of recommendation, written on the form provided and mailed directly from the author to the chair of the SER-AMTA Intern Scholarship Committee.  
One from a credentialed Music Therapist who has supervised you  
One from a professor who has worked with you (not necessarily MT)  
One from another professional who knows you well

*Please Note: A resume will not be used in the application review. Do not send one with your application.*

**All materials must be postmarked by February 25, 2009 to:**

Leigh Ann Fairman, MME, MT-BC  
Chair, SER-AMTA Intern Scholarship Committee  
232 Ridgewood Drive  
Crossville, TN 38555  
H: 931-707-8907, C: 931-200-1747 or Email: lafairman@charter.net

2009-2010 SER-AMTA INTERN SCHOLARSHIP APPLICATION

I. Personal Data

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

(until May 1, 2009)

University/College: \_\_\_\_\_

Internship Status: \_\_\_\_\_ Currently Interning  
\_\_\_\_\_ Accepted to Intern  
\_\_\_\_\_ Applying to Intern

Internship Site: \_\_\_\_\_  
Internship Dates: \_\_\_\_\_  
Date course work completed: \_\_\_\_\_

II. Academic Data

Classification: \_\_\_\_\_ Undergraduate \_\_\_\_\_ Equivalency Total Hours Completed: \_\_\_\_\_

Other Institutions & Dates: \_\_\_\_\_

Degree(s) Earned & Date(s): \_\_\_\_\_

Please break down your GPA in the following manner:

\_\_\_\_\_ Music Therapy Courses & Practica GPA  
\_\_\_\_\_ Fall Semester 2008 GPA  
\_\_\_\_\_ Spring Semester 2008 GPA  
\_\_\_\_\_ Fall Semester 2007 GPA  
\_\_\_\_\_ Overall GPA to Date (include Fall 2008)

III. Please provide the following information.

\_\_\_\_\_  
MT Program Director Signature verifying GPA Information

Do not send a resume; it will not be evaluated by reviewers.

Please do not write your name, the college/university name or local town information.

Applications are evaluated by means of a blind review and identifying information may bias a reviewer. If it is necessary to write the school name, please write "school" (i.e. "school" music therapy club); for town/city/county/state identifying information, please write "town", "city", "county", "state" or "local area" (i.e. "city" Mental Health Center", "state" music therapy meeting).

A. List experiences that relate to music therapy and your work experience as follows:

Clinical Experience: List practica in reverse chronological order.  
Semester, year (population)  
Brief description of duties

Volunteer Experience: List relevant experience in reverse chronological order  
Dates (population)  
Brief description of duties

Other Work Experience: Dates Job Title, Company

Musical or Other Arts Involvement: Ensemble or Performance Experience, Place, Dates

B. List your involvement in the following:

Extracurricular Activity: Professional Organizations, Campus Groups and Community Groups,  
(include offices held in each)

Awards and Honors: Award or Honor, Date

C. Explain your financial need for assistance while interning and identify any other sources of financial support you will receive during your internship.

D. Write a short essay (150 words or less) about your most meaningful music therapy experience

E. Write a short statement describing your plans for your career in music therapy