



## Application for Music Therapy Internship

Today's Date \_\_\_\_\_

### Personal Information:

Full Name \_\_\_\_\_

Current Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Permanent Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Do you require any special accommodations to adequately fulfill the internship responsibilities?

If so, please explain: \_\_\_\_\_

### School Information:

College or University \_\_\_\_\_

Director of Music Therapy program \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Major instrument \_\_\_\_\_

### Resume:

Be sure to include your work, volunteer, and pre-internship Clinical Experiences including facility name, population, dates, and duties.

### Short Essay Questions:

On a separate sheet of paper, please respond to the following questions.

1. Describe one musical and one non-musical strength and how they will aid you in your internship experience.

Overlymusical, LLC  
Heather Overly, SCMT, MT-BC  
340 N 100 W, Smithfield, UT 84335  
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2. Describe one music therapy skill in which you would like to improve; how do you think your internship experience will help you grow?
3. What is your definition of music therapy?
4. Why are you interested in interning at Overlymusical LLC?
5. What made you decide to become a music therapist?
6. Describe your most memorable therapeutic pre-internship clinical experience where you observed a meaningful response to the musical intervention you provided. Describe the intervention in detail.

**Recommendation Letters:**

Please send three letters of recommendation sent by and indicate who will be sending them.

1. Director of the Music Therapy Program (information was given above)

2. Clinical Training Supervisor \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Personal Reference \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Transcripts:**

Have you arranged for your college transcripts to be forwarded?    Yes    No

**Letter of Verification:**

Please include a letter from your Academic Director that indicates that you have completed all course work and requirements to begin your internship.

The internship start dates are flexible please indicate your preferred Starting Date:

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\* Applicants need to be aware that the Internship Director's position is based on contracted hours. It is not likely but possible that hours could be decreased at some point during the student's internship. If this occurs, the intern would have the option to include off-site visits into his/her internship experience (no more than 10% of required hours),

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and/or extend the length of the internship to meet necessary hours. Both scenarios would be discussed and agreed upon between the intern and the internship director.

**\*\*No legal agreement with Overlymusical, LLC and the student's University is required to apply for this internship**

I have read and agree to the expectations described above, and verify that the enclosed information is accurate and current.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Internship Application Checklist:

To be included with this application:(All of these are detailed in the above pages)

\_\_\_\_\_ 1. Resume including practicum experiences

\_\_\_\_\_ 2. Short essay responses

\_\_\_\_\_ 3. Three letters of recommendation

\_\_\_\_\_ 4. University/College Transcript

\_\_\_\_\_ 5. Letter of Verification

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