



## Music Therapy Internship Application

### Directions:

Print out application form and mail to the address provided below. Applications may also be submitted electronically to: **mkidwell@gilchristcares.org**. (Note: if emailing, ALL materials (including copies of letters and transcripts), must be sent in 1 email from the applicant).

### Part I

Name	
Current Mailing Address	
Primary Phone	
Primary E-mail Address	
University or College	
Name of Music Therapy Advisor	
Phone Number of Music Therapy Advisor	
E-mail Address of Music Therapy Advisor	

### Part II

**Please list practicum information in the space provided below:**

Site Name	Supervising Music Therapist	Population
1.		
2.		
3.		
4.		

*Total # of pre-internship hours completed at this time:*

*Total # of pre-internship hours anticipated upon completion of all coursework:*

**If you did NOT complete a music therapy practicum in hospice care, please list any other experiences which may have prepared you for working with this population (i.e., shadowing a hospice music therapist, working as a hospice volunteer, hospice coursework/conference attendance/special training, research):**

### **Part III**

1. What is your major instrument? \_\_\_\_\_
2. How many years have you studied the following instruments?  
\_\_\_\_ Years Voice  
\_\_\_\_ Years Guitar  
\_\_\_\_ Years Piano

### **Part IV**

**Please answer the following questions (*on a separate sheet of paper*).**

1. Why are you interested in an internship in end-of-life care? What draws you to working with this population?
2. What made you pursue a career in music therapy?
3. What has been your personal experience with loss and how do you view death/dying?
4. What specific areas of music therapy do you hope to expand your knowledge/experience of during your internship?

Please feel free to attach a recent copy of your resume or include any other information that you feel will be helpful to the internship committee.

### **Part V**

#### **Video Submission**

A video must be submitted, demonstrating musical proficiency in voice, piano, and guitar. Please choose two songs from the list below. Both songs should be sung, with one accompanied on piano and the other on guitar. Applicants should email video attachments to [mkidwell@gilchristservices.org](mailto:mkidwell@gilchristservices.org) via YouTube private page (we cannot accept any other digital format).

*How Great Thou Art*

*In the Garden*

*Anchors Aweigh*

*Over the Rainbow*

*Fly Me to the Moon*

*New York, New York*

*Oh, What a Beautiful Morning*

*Hey Good Lookin'*

*Let It Be*

*I Will Always Love You*

## Part VI

The following documents must be included to complete the application process and ensure review by the internship committee.

- 3 letters of recommendation
  - 1<sup>st</sup> letter must be from your university advisor
  - 2<sup>nd</sup> letter must be from a supervising music therapist from a practicum site
  - 3<sup>rd</sup> letter may be from someone of your choice
- 1 transcript (can be a **copy/unofficial**)
- 1 letter of eligibility (can be included in a recommendation letter, but **MUST BE CLEARLY STATED**)

## Part VII

- Stipend:** There will be a stipend offered at \$3,000.00. \$1,500.00 will be given after three months of service and the balance of \$1,500.00 after six months of service.
- Liability coverage:** The music therapy intern will be responsible for providing their own liability coverage through their university or their independent insurance. Coverage must be secured prior to internship start date.
- Transportation:** The music therapy intern will be responsible for providing their own transportation and will receive reimbursement based on the standard mileage rate.
- Housing:** There is no housing assistance available.
- Legal Affiliation Agreement:** Gilchrist *does* require a legal affiliation agreement between the intern's university program and internship site. If this is also a requirement of the university with which the intern is affiliated, this agreement *needs to be initiated by the university* and 3 original copies must be signed by all parties and sent to the internship site, university, and college advisor for their records. This needs to be completed before the intern may officially begin.

*“By checking the above boxes, I acknowledge that I have read and understand all of the above.”*

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(Applicant's Signature)

## Part VIII

Please submit all information to:

### Gilchrist

Attn: Lacy Kidwell, MA, LPMT, MT-BC  
11311 McCormick Road, Suite 350  
Hunt Valley, MD 21031  
mkidwell@gilchristcares.org

Upon receipt of all materials, an interview *may* be scheduled. Submission of an application does not automatically guarantee an invitation to interview. Applicants who are invited to interview will be notified in writing.