



UAMT Clinical Internship Grant

The purpose of the Clinical Internship Grant is to provide funding in support of prospective interns who are members of the Utah Association of Music Therapists (UAMT). The Executive Board of UAMT will determine the amount of money available for Clinical Internship Grants during each annual budget cycle. The amount available may vary from budget year to budget year. Prospective interns may apply for the Clinical Internship Grant in any amount up to the total amount budgeted each year.

2020: \$200 for Clinical Internship Grants

Deadline: Tuesday, October 13, 2020 at 11:59 PM MST

Applicants must be (1) a current student member of UAMT; (2) currently enrolled in an academic program in Utah, or be participating or accepted into a music therapy internship in Utah; and (3) have an internship start date between January 1 and December 31, 2020.

Questions or concerns may be directed to the current UAMT secretary at utahmusictherapy@gmail.com.

Applications must be accompanied by all required documentation in order to be considered for this grant. Disbursement of grant funds will be done by the internship site supervisor contingent upon successful completion of mid-term evaluation. If the internship is not complete, refunds may be requested.

Please include:

1. Completed Application Form (Below) (10 points)
2. One-Page essay outlining:
 - a. Why the applicant is inspired by music therapy (10 Points)
 - b. How the internship grant will assist in successful completion of internship (10 points)
 - c. How the internship grant will assist in successful entry into the music therapy field (10 points)
3. Professional Resume (10 Points)

All application materials must be submitted in .doc or .docx format and emailed to utahmusictherapy@gmail.com. Please put 'Grant Application' in all caps in the email subject line

UAMT Clinical Internship Grant Applicant Information

Name of Applicant: _____

Current Mailing Address: _____

Phone Number: _____

Email address: _____

School Information

Name of College/University: _____

Name of Music Therapy Professor/Program Director: _____

Phone Number (if available): _____

Email: _____

Anticipated Date of Graduation (MM/YY): _____

Internship Site Information

Name of Internship _____

Site: _____

Mailing Address: _____

Name of Internship Supervisor: _____

Phone Number: _____

Email: _____

Anticipated Start Date of Internship (MM/YY): _____

Internship type (circle one): Full-Time Part-Time

Other: _____