



# IOWA VETERANS HOME

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Terry Branstad, Governor  
Kim Reynolds, Lt. Governor  
State of Iowa  
David Worley, Commandant

## Music Therapy Dept Internship Application

Name \_\_\_\_\_ Eligible start date \_\_\_\_\_  
Mailing address \_\_\_\_\_ Alternative address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
School \_\_\_\_\_ Dates attended \_\_\_\_\_  
\_\_\_\_\_  
MT advisor \_\_\_\_\_

\*Please use the back side of this sheet for additional information

Populations served for practica or part-time jobs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Major performing instrument \_\_\_\_\_  
Secondary instruments \_\_\_\_\_  
MT authors or subjects of particular interest \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extracurricular interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for applying to the Iowa Veterans Home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List 3 strengths and 3 weaknesses of yours as a music therapist at his point in your education

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please know that in order to complete the application process you must also send your transcripts, resume, and letter of recommendation, which includes your verification of academic standing. You will also need to make a presentation of your musical ability, either in person or on video, cassette, CD or DVD.*

To be filled out by I.D. Date received \_\_\_\_\_  
Accepted or denied \_\_\_\_\_