

MUSIC THERAPY SCHOLARSHIP APPLICATION

ST 11-1

Annual Awards

Form expires August 2021

___ Ruth B. Robertson Scholarship \$650* ___ NFMC/ Irma Carey Wilson Music Therapy Scholarship \$750*
___ Dorothy Dann Bullock Undergraduate Scholarship \$1,500*

Entry Fee: \$10 per scholarship application (Payable at www.nfmc-music.org/payment)

Eligibility: College sophomores, juniors, seniors or graduate students already enrolled in accredited schools approved by the American Music Therapy Association.

Requirements: Applicants must be a citizen of the United States who have reached the 19th but not the 26th birthday by the application deadline; membership in National Federation of Music Clubs; need for financial assistance to pursue this specialized education; personal observation of use of music as therapy in treatment or rehabilitation of patients in hospital or institution employing a music therapist. The scholarship must be used at an educational institution offering the music therapy degree or for a music therapy internship at an education or health facility.

Qualifications to be considered:

- Well-rounded musical talent, skills, and training, on the applicant's principal instrument as well as the piano, guitar, etc.
Emotional stability, self-reliance, patience, tact, leadership, intelligence, good health, interest in using music to help/aid others, dedication to music therapy as a career.
Demonstration with the music therapy curriculum, and the internship, of growth in the effective application of music and music therapy techniques with client populations.

Deadline for application: To be uploaded by March 1.

Full Name of Applicant: _____

Present Address: _____

Telephone () _____ Cell phone () _____ E-mail _____

Names of Parents: _____

Address: _____

Telephone () _____ Cell phone () _____ E-mail _____

High School Attended: _____ City/State _____

Name of School Now Attending: _____ Academic Year: _____

Contact person in music school office: _____

Address: _____

Telephone () _____ Cell phone () _____ E-mail _____

Major: _____ Minor: _____

If you receive this scholarship, at what institution do you plan to use the funds?

Have you applied for admission? _____ Have you been accepted? _____

Please include your summer contact information.

MUSIC THERAPY SCHOLARSHIP APPLICATION ST 11-1 (continued)

I am eligible to enter this contest according to the rules outlined:

As a member of the federated student/collegiate _____ Club or organization for the current year of the contest in the state of _____.

As an individual student/collegiate member of the (State) _____ Federation of Music Clubs for the current year of the contest.

Or

To pay the membership fee of \$16.00 for annual dues visit www.nfmc-music.org/payment.

I learned of this award from: ___ NFMC website ___ Teacher ___ Other _____

Upload the following documents, letters and certifications with application to NFMC website (www.nfmc-music.org/applicant-file-upload)

1. A letter of recommendation by the Director of Music Therapy at the student's college/university referring to the applicant's qualifications (see Qualifications to be considered above).
2. A letter by the student referring to the applicant's qualifications (see Qualifications to be considered above).
3. A letter of recommendation from each of the following referring to the applicant's qualifications (see Qualifications to be considered above).
 - a. A music faculty member outside the Music Therapy department
 - b. An acquaintance in the community
4. A transcript of college credits and GPA

On my honor, I swear that I am an American citizen born on _____ in _____
(Date of birth) (Place of birth)

Or naturalized on _____ in _____
(Date of naturalization) (Place of naturalization).

I hereby certify that I have read the Requirements (Form ST 11-2) and understand that my failure to abide by these requirements will result in disqualification. I also promise to send a letter/email acknowledging my receipt of a scholarship, should I be the winner, within one month of receipt of same. Judge's decisions are final. **

Signature of Applicant: _____ Date: _____

National Chair: *Melba Maechtlen* - rmaechtlen@cox.net

*In the event of financial shortfalls, advertised scholarship amounts may be adjusted. Applicants will be notified of the scholarship change.

**Winners must submit their social security number to NFMC treasurer (IRS requirement)

