

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](http://www.nfmc-music.org/payment).

I learned of this award from: \_\_\_ NFMF website \_\_\_ Teacher \_\_\_ Other \_\_\_\_\_

**Upload the following documents, letters and certifications with application to NFMF website ([www.nfmc-music.org/applicant-file-upload](http://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: \_\_\_\_\_

\_\_\_\_\_ I give my permission to use my name, age, teacher's name, music school and performance for publicity if I win an award.

National Chair: *Melba Maechtlen* - [rmaechtlen@cox.net](mailto:rmaechtlen@cox.net)

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

