

MUSIC THERAPY SCHOLARSHIP APPLICATION
Annual Awards

ST 11-1

Form expires August 2017

___ Ruth B. Robertson Scholarship \$300* ___ NFMC/ Irma Carey Wilson Music Therapy Scholarship \$400*
___ Dorothy Dann Bullock Undergraduate Scholarship \$1,350*

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

Requirements: US citizenship; 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 received by the national chairman (address on following page) 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.

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

MUSIC THERAPY SCHOLARSHIP APPLICATION ST 11-2 (continued)

Applicants are required to have a current membership in the National Federation of Music Clubs by one of the following: (Check appropriate one.)

___ Member of NFMC Student Organization (indicate name/location of organization.)

___ Member of Senior NFMC Club (indicate name of club/location.)

___ Individual Student/ Collegiate Membership - dues of \$16.00 were paid to NFMC on (date) _____

___ I hereby request membership as an individual student member, and enclose \$16.00 for the membership. (Check payable to National Federation of Music Clubs *before February 1.*)

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

Attach the following documents, letters and certifications:

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
5. A letter/email acknowledgement of the student's receipt of the scholarship within one month of receipt.

Your signature on the following statement is required in order to be considered for a scholarship:

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).

Date: _____ Signature of Applicant: _____

Mail to: *Margaret Smith*, Chairman
2501 Maple Ridge Drive
Tuscaloosa, AL 35406
Margbill1956@att.net

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