

MTΩ

Mu Tau Omega Scholarship Application

SHSU

First Name: _____ Middle Initial: ____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone: _____ Social Security #: _____

Internship Site: _____

Internship Begins: _____ Ends: _____

List Music Therapy related activities; including attendance at National (AMTA) and Regional (SWAMTAS) conferences, participation in Mu Tau Omega, practicum, volunteer work / projects, and presentations / publications. (Attach separate sheet if necessary)

***Attach Unofficial Transcript and Essay.