



POST GRADUATE DIPLOMA IN CLINICAL MUSIC THERAPY

STUDENT SCHOLARSHIP APPLICATION FORM

The scholarships are designed to help deserving students who may come from difficult or challenging conditions. The scholarships are supported by –Mewsic- A Brett Lee Foundation.

APPLICANT'S DETAILS

Application Year: _____ Date - _____

Name: _____
Surname First name Middle name

Address: _____

Date of Birth: _____ Marital status: _____

Phone _____ Mobile phone _____

Work phone _____ Email _____

Narrative: - As we review your scholarship application we are interested in learning more about your future professional aspirations and plans. Please provide the following information:-

What is your vision of working as a Clinical Music Therapist?

Why do you think we should consider you for a scholarship?

CAREER PLANS - What are your post-qualification career plans?

- a) I would like to work for TMTT _____
- b) I would like to work independently (private practice/free lance) _____
- c) Other plan (please specify) _____

DECLARATION

I confirm that the above statements and particulars are true to the best of my knowledge.

Signed : Date:

Name Place: