

Developmental Music Health CMTE Course Partial Scholarship Application

Thank you for taking time to apply for a Developmental Music Health CMTE course Scholarship! To ensure we have all the information needed and in the order needed for evaluation, please complete this application in full and follow the instructions along the way.

Once completed, please submit all your information to Developmental Music Health Services:

By Mail: Developmental Music Health Services, LLC
PO Box 1711
North Baldwin, NY 11571

By Email: info@DMHmusictherapy.com

1. Applicant's Full Name: _____
LAST NAME FIRST NAME MIDDLE INITIAL

2. Applicant's Complete Address:

STREET ADDRESS

STREET ADDRESS (SECOND LINE)

CITY STATE/PROVINCE POSTAL CODE/ZIP CODE

COUNTRY

PHONE E-MAIL ADDRESS

3. Date of graduation:
Undergraduate: _____ Graduate: _____

4. Date received MT-BC: _____

5. Name of college(s) (currently attending or attended):

6. Title of CMTE course (e.g., IMCAP-ND, etc.): _____

7. Date of course: _____

8. Location of course: _____

9. Please indicate the amount of financial support that you are seeking related to this course?
(Please note that because of the expenses related to offer such a course e.g., CMTE fees, course materials, travel expenses of speaker, etc. we cannot offer a 100% scholarship)

Please indicate amount: \$ _____

10. Include an essay as an attachment, at most 1 page, single-spaced, 12-point type; may be less, such as double-spaced, etc. stating why you are interested in participating in this course and why you are applying for this scholarship?
