

Music Therapy Summer Institute Application Form

Please type or print clearly.

Name

last

first

m.i

International students must write their name as it appears on their passport.

Preferred first name

Date of birth

month/day/year

male

female

Address

City

State

ZIP

Country

Telephone ()

Fax ()

Email

Are you a citizen or permanent resident of the United States?

yes

no

If no, please include your country of citizenship:

If yes, please indicate your predominant ethnic background (optional):

African American

Asian American

Hispanic/Latino American

Native American, Eskimo, Aleutian

Caucasian (origins in any of the original peoples of Europe, North Africa, or the Middle East)

Other (specify)

I first heard about the program from (please name source):

Please choose your primary instrument from the options below (choose one):

Guitar

Soprano Saxophone

Trumpet

Voice

Piano (acoustic)

Alto Saxophone

Trombone

Violin

Bass (acoustic)

Tenor Saxophone

French Horn

Viola

Electric Bass

Baritone Saxophone

Tuba

Cello

Drum Set

Flute

Baritone Horn

Harp

Vibraphone

Clarinet

Banjo

Marimba

Oboe

Mandolin

Hand Percussion

Bassoon

