

## ART THERAPY STUDENT INTERNSHIP APPLICATION FORM

## Child Life and Family Education Program The University of Chicago Comer Children's Hospital

Name:				_
Home Address:				- -
Home Phone: Cell Phone:				
School Address:				_
School Phone:				-
Email Address:				-
University: Degree: Major: Graduation Date:			GD.	-
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Applying for Art Th	erapy Graduate Int	<u>ernship</u>		
Academ	nic Year Internship (2	4 hours/week fo	or 8 months – Septer	mber to May)
Please note: S	Summer internships a	re not offered at	t Comer Children's	Hospital.

## **Application Deadline:**

- March 1<sup>st</sup>
- All materials must be received by this date for internship consideration.

Cour	sework	relevant to Ar	herapy (please list)
	Cou	rse:	Grade Earned:
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Prior	experi	ence with child	ι
1.	Instit	ution:	Number of Hours:
	Posit	ion Held:	Dates:
2.	Instit	ution:	Number of Hours:
	Posit	ion Held:	Dates:
	1 051		
3.	Instit	ution:	Number of Hours:
	Posit	ion Held:	Dates:
	Encl Refe with	erences must be children or far Name: Title:	be in sealed, signed envelops.  om both an academic institution and a supervisor for direct work es.
	2)	Phone #: Email:  Name: Title: Phone #: Email:	
	٠,	Title: Phone #: Email:	

## Please answer the following questions:

- 1. How did you become interested in the field of Art Therapy in the medical setting?
- 2. Describe how you see the role of an art therapist as a member of the healthcare team.
- 3. Describe the skills or qualities that you possess, which make you a qualified candidate for an art therapy internship position.
- 4. What do you hope to do with the skills learned from an Art Therapy internship?
- 5. As an intern at U. of C. Comer Children's Hospital, you would work closely with the Child Life department. What is your understanding of Child Life?