



**The Mount Sinai Kravis Children's Hospital
Student Internship Application
For Art Therapy Internship**

Date: _____

Name: _____ Day Phone #: _____

Address (school): _____ Eve Phone #: _____

Home address: _____

Home phone #: _____

In case of emergency contact: _____

Graduate School: _____

Expected date of graduation: _____

The internship for which you are applying is Fall 2009 (September-April)

In order to be considered for an internship position, the following information must be submitted with this application:

- Letter of verification on official letterhead showing that an applicant has completed 75 volunteer hours in a pediatric setting (preferably in a Child Life program) or letter of plan to complete by 9/1/09
- 2 letters of recommendation (i.e.- professor, former supervisor, etc...)
- **Optional-** you may attach a resume highlighting notable/relevant experience or photographs or your own artwork

Continued

Personal Statement

Please discuss briefly your background and tentative career plans. Include in this statement your reasons for desiring a placement with the Child Life and Creative Arts Therapy program at Mount Sinai and how these reasons relate to a potential career. You may also include special skills and talents that enhance your ability to work with children in this setting. Please type this information and attach to your application.

If you have any questions, please contact Lauren Edelstein at (212) 241-6797.

**Please return this form by mail to: Lauren Edelstein, ATR
Child Life Program
Box 1153
Mount Sinai Medical Center
One Gustave Levy Place
New York, NY 10029**

Or Fax: 212-427-3049

For Office Use Only

Date Received: _____

Interview Date: _____

Volunteer Office Notification: _____