



## 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: \_\_\_\_\_ GPA: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_

Applying for:

#### **Art Therapy Graduate Internship**

\_\_\_ Summer (16 weeks total, amount of weekly hours may vary – May through August)

\_\_\_ Academic Year Internship (24 hours/week for 8 months – September to May)

\* Please note that an in-person interview is required before any decision regarding acceptance to the program is made.

Coursework relevant to Art Therapy (please list)

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Prior experience with children

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Professional References (Please give names, titles, and telephone numbers)

1) \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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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 Comer Children's Hospital, you would work closely with the Child Life department. What is your understanding of Child Life?