



David Belshe Music Therapy Grant Application

Grant Description:

Fort Worth Music Therapy Fund provides need-based music therapy grants to individuals and facilities seeking private music therapy services.

The David Belshe Music Therapy Grant:

- is \$2,500
- Is paid directly to the board-certified music therapist providing treatment

To apply for the David Belshe Music Therapy Grant:

- CONNECT:** Begin by connecting with a board-certified music therapist in your area. Music therapists must be CBMT (Certification Board for Music Therapist) credentialed.
- COMPLETE:** Complete the grant application, including submission of a copy of the initial assessment or most recent treatment plan by a board-certified music therapist. Applications accepted year-round.
- CONFIRM:** The Fort Worth Music Therapy Fund will confirm that you and your board-certified music therapist are ready to begin/continue treatment. We will directly reimburse the music therapist providing treatment.

Eligibility:

This grant is open to any resident or facility in the state of Texas. To apply for this grant, applicants must have made contact and undergone an initial assessment with a board-certified music therapist, or you must be an ongoing music therapy client under the care of a board-certified music therapist. *If you need to connect with a board-certified music therapist in your area, visit cbmt.org.* There are no other restrictions for application.

Applications:

- Applications are accepted year-round and scholarships are awarded biannually. Applications received on or before February 28 will be reviewed in March. Applications received on or before August 31 will be reviewed in September.
- Applications and assessment/treatment plans may be submitted electronically via our website, <https://fwmusictherapyfund.org/> or may be submitted by email at info@fwmusictherapyfund.org.
- If you need accommodations to complete this form, please contact FWMTF directly at info@fwmusictherapyfund.org.

Awards:

- \$2,500 (covers one (1) hour of music therapy per week for approximately 6 months)
- Are paid directly to the board-certified music therapist providing treatment
- Consideration for renewal by reapplication
- Applicants may reapply each cycle



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Personal Information

Client First Name

Client Last Name

Birthdate (00/00/0000)

Phone

Race * (optional)

Gender * (optional)

** All applications are de-identified prior to review. The demographic data is used for statistical purposes.*

Address

City/State/Zip

Email

Diagnosis (if applicable)

Parent/Guardian information (if applicable)

Parent/Guardian Name

Email

Relationship to client

Phone

Music Therapy Provider

Music Therapy Provider Name

Email

Board certification number

Phone



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Financial Information:

1. How many people live in the applicant's household?
2. What is the applicant's approximate yearly household income (gross)?
3. What/how much support does the applicant receive from health insurance toward music therapy?
4. What/how much support does the applicant receive from other sources toward music therapy?
5. What else would you like us to know in considering the applicant's financial situation?



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Essay Questions (max 500 words each):

1. How did you decide to pursue music therapy services?

2. What are some goals you hope to achieve through music therapy?

By signing or typing my name below, I attest that the information provided is correct and true to the best of my knowledge:

Applications and assessment/treatment plans may be submitted electronically via our website, fwmusictherapyfund.org or may be submitted by email at info@fwmusictherapyfund.org.

If you need accommodations to apply, please contact FWMTF directly at info@fwmusictherapyfund.org.