



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:

Address:

City/State/Zip:

Email:

Phone:

Demographic Information

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

Diagnosis (if applicable):

Date of Birth (MM/DD/YYYY):

Racial, ethnic, or cultural identity/s:

Gender identity:

Does the client identify as a member of the LGBTQIA+ community?

Is the client disabled or does the client identify as a member of the disability community?

Is the client a parent?

Is the client (select all that apply): single married widowed divorced

In what region of Texas does the client reside? north TX east TX southeast TX

central TX west TX panhandle Rio Grande Valley or far south TX

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?

