D.C. Pretrial Services Agency Internship Program

APPLICATION (Summer 2010)

Name: _____ ____ _____

First MI Last

Your Campus Address: _____

City: _____ State: _____ Zip Code:_____

Phone: ( ) _____ E-mail:_____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone ( ) _____ E-mail:_____

School Name: _____

Major: _____ GPA: _____

Anticipated Graduation Date: _____

Academic/Internship Counselor: _____

Phone Number: ( ) _____

Date Available to Begin Internship: _____

Credit: Yes _____ No: _____ If yes, how many? _____

(*academic credit is required for all internships during the Spring and Fall semesters*)

Day(s)/Time Available for Internship: _____

Return completed application packet to:

Stephanie Campbell, Internship Coordinator
D.C. Pretrial Services Agency
601 Indiana Avenue, NW Suite 9000
Washington, DC 20004-2903
Voice: 202–442-1935 Fax: 202-442-1996

ALL APPLICATIONS FOR SUMMER 2010 MUST BE RECEIVED NO LATER THAN

CLOSE OF BUSINESS: APRIL 1, 2010