



Broadcasting in your community. And trusted. Stay tuned to us.

**2025 PAB Broadcast Internship Reimbursement  
Program Application**

**Station** \_\_\_\_\_ **Company** \_\_\_\_\_

**General Manager** \_\_\_\_\_

**GM email** \_\_\_\_\_

**GM phone** \_\_\_\_\_

**DMA (TV) or Market (Radio)** \_\_\_\_\_

**Intern Name** \_\_\_\_\_

**Start Date** \_\_\_\_\_

**By signing this form, the station affirms active participation in the PAB's PEP/NCSA Program and will continue to participate in the program for the remainder of the calendar year.**

**GM Signature** \_\_\_\_\_

**Please send the completed form to Gail Ponti, Vice President of Member Services [gponti@pab.org](mailto:gponti@pab.org)**

**At the conclusion of the internship, please file the PAB Broadcast Internship Program Reimbursement Form as well as the intern's 500-word summary to receive reimbursement.**

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