



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

2025 PAB INTERNSHIP REIMBURSEMENT REQUEST

Station Call letters, DMA & City - _____

Station contact - _____

Station contact email & phone # _____

Intern's name - _____

Intern's email - _____

Intern's school or college - _____

PAB Member Stations must participate in our PEP/NCSA program.

Maximum reimbursement will be for 180 hours at \$15.00 per hour.

Station Reimbursement request

_____ hours x \$15 per hour = \$ _____

Station Contact Signature - _____

Intern's "My (station call letters) Broadcast Internship Experience" 500-word summary must be attached to receive reimbursement.

Please return form to:
PAB Vice President of Member Services Gail Ponti
gponti@pab.org
PAB
208 N. 3rd Street
Suite 105
Harrisburg, PA 17101
717-482-4820

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