



**Application for Approval for the 2026 PAB Internship Program**

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 participate in the program for the entire calendar year.**

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

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

**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.**