



2026 PAB INTERNSHIP REIMBURSEMENT REQUEST

(To be submitted upon completion of the internship with the intern's summary)

Station Call letters, DMA & City - _____

Station contact - _____

Station contact email - _____

Station Address - _____

Intern's name - _____

Intern's school or college - _____

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

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