



DATE _____

To Whom It May Concern:

This applicant has successfully completed the Arkansas Broadcasters Association Internship Program at this broadcast station. This trainee approached the assignments with enthusiasm, dedication, and a sincere effort to learn and perform well. The staff members who provided training were impressed with this applicant's ability to learn quickly.

Name of Intern _____
(Please print plainly)

Please mail check to:

Address _____

City _____ State _____ Zip _____

Internship Program Director

General Manager