



INTERNSHIP CONTRACT

I certify that the Internship applicant is a high school or college student in good standing with this educational institution. The eighty-hour Internship course, over eight weeks should not cause the student a serious hardship in obtaining passing grades in their current curriculum.

Signature _____ Name _____
(School official)
School _____ Position _____

I certify that I have read and understand the Internship Program guidelines. I will be available for training and work evenings and weekends. I will keep my scheduled appointments at the station and treat the internship program much like a part-time job.

Signature _____ Name _____
(Applicant) (Please print)

I certify that the Internship applicant has not previously worked at this station. I agree to accept the ABA grant of \$599.99 and use it to compensate the Internship applicant for 10 hours per week for eight weeks at a rate of the applicable minimum wage. I will agree to work with the applicant to provide an introduction to broadcasting adhering to the ABA Internship curriculum.

Signature _____ Name _____
(Station official) (Please print)
Station _____ City _____ Title _____

Please note: If signature above is not station's general manager, verification and approval by general manager is necessary.

General Manager _____ Signature _____

Expected dates of Internship _____

Approved by ABA Representative on this _____ day of _____, 20____.

Signature _____ Name _____
(Please print)