

**City, County and Local Government Law Section  
Student Internship Program Application**

1. Attorney's Office:  
Address:  
Contact Person:  
Telephone number:  
Fax number:  
E-mail:
  
2. Type of Student Internship:  
  
High School \_\_\_\_\_  
College \_\_\_\_\_
  
3. Dates of Internship:
  
4. Please describe the types of activities, duties, events, etc. that the intern will perform or in which the intern will participate:
  
  
  
  
  
  
  
  
  
  
5. Amount of funds requested:
  
  
  
  
  
  
  
  
  
  
6. Please state the name and title of person who will be responsible for supervising the intern:
  
  
  
  
  
  
  
  
  
  
7. Describe how the internship will help enhance the student's educational experience in the area of local government law:
  
  
  
  
  
  
  
  
  
  
8. Signature of person authorized to make application and date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date