DC Pretrial Services Agency

Internship Application

Contact Information

Name: _____ ____ _____
First MI Last

Temporary School Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Where do you prefer to be contacted? *(circle one)* School Address Permanent Address

Phone ( ) _____ E-mail: _____

Academic Information

School Name: _____ Major: _____

GPA: _____ Anticipated Graduation Date: _____

Academic/Internship Counselor: _____

Phone Number: ( ) _____ E-mail: _____

Credit: Yes _____ No: _____ If yes, how many? _____
(*Academic credit is required for all internships during the Fall and Spring semesters*)

Semester applying for: _____ Date Available to Begin Internship: _____

Day(s)/Time Available for Internship: _____
(*Minimum requirement of 12 hours per week*)

Return completed application packet to:

DC Pretrial Services Agency
Internship Coordinator
601 Indiana Avenue, NW Suite 9000
Washington, DC 20004-2903
Fax: 202-442-1996
Email: PSA.Internship@psa.gov

Deadline for Applications:
Fall: June 1st
Spring: December 1st
Summer: April 1st

If you have any questions, please contact Lauren Pinto, 202-442-1923