

# The Pretrial Services Agency for the District of Columbia

## Internship Application

### Contact Information

Name:

Address:

City:

Phone:

State:

Zip Code:

E-mail:

### Academic Information

School Name:

GPA:

Enrollment Status:

Full Time

Major:

Anticipated Graduation Date:

Part Time

Other

Academic/Internship Counselor:

Phone Number:

E-mail:

### Internship Information

In good academic standing with college/university

Yes

No

Participation will be for at least 2 months or longer

Yes

No

Available for a minimum of 12 hours/week

Yes

No

Semester applying for:

Date Available to Begin Internship:

Day(s)/Time Available for Internship:

*All interns are required to complete mandatory Agency training at the beginning of the internship semester.*

### *Completed application packet includes:*

- *Resume*
- *PSA Application*
- *Proof of Academic Enrollment*

### **Return completed applications to:**

The Pretrial Services Agency for the District of Columbia  
633 Indiana Avenue NW, Suite 1120  
Washington, DC 20004  
Attention: Internship Coordinator

Fax: 202-442-1795

Email: [PSA.Internship@psa.gov](mailto:PSA.Internship@psa.gov)

If you have any questions, contact: [PSA.Internship@psa.gov](mailto:PSA.Internship@psa.gov)

### **Application Deadline**

**Fall: July 15<sup>th</sup>**  
**Spring: December 1<sup>st</sup>**  
**Summer: April 1<sup>st</sup>**