



PUBLIC INTEREST INTERNSHIP PROGRAM 2025 SUMMER GRANT APPLICATION

Please complete the following form and follow the below submission instructions. Eligible internship placements must be unpaid, located in Georgia, and for a minimum of 10 weeks and 400 hours. Past grant recipients are not eligible to apply.

ABOUT YOU

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Law School _____ [Projected] Graduation Date _____

Are you currently enrolled in law school? Y N If no, are you a licensed Georgia attorney? Y N

ABOUT YOUR INTERNSHIP

Name of Sponsoring Organization _____ Location of Internship _____

Name of Supervisor/Hiring Attorney _____

Have you been offered a summer internship with this organization for 2025? Y N

Briefly describe the mission of the sponsoring organization.

Briefly describe the kind of work you will be performing as a summer intern.

Briefly describe what you plan to learn or obtain working for this organization.

CERTIFICATION

I hereby certify that I have been offered an unpaid summer internship in Georgia for a minimum of ten (10) weeks with the sponsoring organization. I also certify that I have not at this time been awarded any other grant money or scholarships to fund my summer work at this organization in 2025. I understand that while I am encouraged to apply for multiple funding sources, I am not eligible to receive PIIP funds if I accept grant money from other summer public interest funding sources. If I am selected for PIIP fund and decide to accept alternate funding sources, I must notify the PIIP Committee co-chairs immediately at yld@gabar.org. I certify that I am either a student in good standing at an accredited law school, a graduate of an accredited law school or a lawyer in good standing in the state of Georgia. I certify that I have never received a YLD PIIP Grant before.

Signed _____ Date _____

By typing my name above, I certify the statements herein to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my application.

SUBMISSION INSTRUCTIONS

Submit **one PDF document** that includes: (1) this application; (2) your resume; (3) a personal statement not to exceed four (4) pages double spaced; and (4) the Employer Verification Form. Name the PDF file “Last Name, First Name_PIIP2025” (e.g., Smith, Jane_PIIP2025.pdf).

Email your PDF document to yld@gabar.org **no later than April 4, 2025, by 5 p.m. ET. Your application will be incomplete if any documents are missing and will become ineligible for further consideration. NO EXCEPTIONS.**

You will receive an email confirmation once your PDF document has been processed. If you do not receive a confirmation email within three (3) business days, please email YLD Coordinator Jamie Goss at jamieg@gabar.org.