



**Allison Ball**  
**AUDITOR OF PUBLIC ACCOUNTS**

Auditor of Public Accounts Internship Program Application

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

College Credit Hours: \_\_\_\_\_

Number of Accounting Hours: \_\_\_\_\_

University Attending: \_\_\_\_\_

Area of Interest (State Audit/County Audit/Special Examination): \_\_\_\_\_

Why Do You Want an Internship with the Auditor of Public Accounts?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

