



Atascosa County Summer Internship Program Application
June 6, 2026-July 17, 2026

Open to Atascosa County high school juniors and seniors ages 17 and up
Resumes are recommended and encouraged with application submission

Please submit your completed application and resume by May 1st, 2026, via email to
kfournier@co.atascosa.tx.us

Student Information

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email Address:** _____

Age at the start of the program (6/8/26): _____

Current High School:

Pleasanton Poteet Lytle Jourdanton Charlotte Home Schooled

Current Grade Level: Junior Senior

Expected Graduation Year: _____

Cumulative GPA: _____

List any honors, awards, or recognitions received:

Current Degree/Career Path: _____

Are you available for the entire 6 weeks internship program? Yes No

If no, please specify any dates that you will not be available:

Areas of Interest

Which departments are you most interested in learning about?

(Check all that apply)

County Administration

Human Resources

Treasury/Accounting/Financial

Law Enforcement

Courts/Judicial Administration

IT

Rural Development

Law

Other: _____

School Activities & Experience

List extracurricular activities, volunteer work, clubs, or jobs.

Skills & Interests

Tell us about any skills, interests, or experiences you have that would help you in this internship.

1. Why are you interested in participating in the Atascosa County Summer Internship Program?

2. What do you hope to learn or gain from this experience?

Essay Questions:

1. What interests you about working in local government or public service?

2. How do you envision this internship contributing to your future academic and career goals?

3. Describe a time that you showed responsibility or leadership.

4. If you could improve one thing in your community, what would it be and why?

Is there any additional information you would like to share with the selection committee?

References

Please list one teacher, counselor, or community leader who can serve as a reference.

Name: _____

Title/Organization: _____

Phone: _____

Email: _____

Student Certification

I certify that the information provided in this application is true and complete to the best of my knowledge.

Student Signature: _____ Date: _____

Parent/Guardian Information (if under 18)

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Parent/Guardian Consent (if under age 18 only)

I give permission for my child to participate in the High School Internship Program selection process. *If selected, parent/guardian will be required to fill out a Program Permission Slip

Parent/Guardian Signature: _____ Date: _____

Thank you for your interest in the Atascosa County Summer Internship Program! If you have any questions, please contact Kayla Fournier by call or text at 830-480-8120 or by email at kfournier@co.atascosa.tx.us