State Bar of Texas
Administrative and Public Law Section

The APLS Summer 2026 Internship Stipend

The Administrative and Public Law Section (APLS) is actively looking to help law students from around the state who want to dedicate their time and talent over the summer to government service in the areas of administrative and public law. Please indicate you have applied to or been accepted into an unpaid summer internship that meet all of the following criteria:

Name of the Government/public sector entity: _____

Majority of work will relate to the field of administrative or public law: Yes☐ No☐

Internship will be at least five weeks in duration and involve at least 20 hours of work per week (or the equivalent): Yes☐ No☐

PERSONAL INFORMATION

NAME: _____
(Last) (First) (Middle)

ADDRESS: (Current) _____
(Street) (City) (State) (Zip)

(Permanent) _____
(Street) (City) (State) (Zip)

PHONE(S): Cell _____ _____

Work _____ Email Address: _____

Have you ever worked for the State of Texas? ☐ Yes ☐ No If yes, which agency?

Do you have any relatives that work for the State of Texas? ☐ Yes ☐ No
If yes, list name(s) and relationship(s) and agency name

Do you have any relatives on the Internship Subcommittee or the Executive Committee of the Administrative and Public Law Section (APLS) of the State Bar of Texas? ☐ Yes ☐ No
If yes, list name(s) and relationship(s) and agency name

U.S. Military Service? ☐ Yes ☐ No Dates: from _____ to _____

Have you ever been or are you currently subject to any disciplinary action by any institution or entity including but not limited to any educational institution or law enforcement agency? If so, please describe: ☐ Yes ☐ No

EDUCATION

COLLEGES OR UNIVERSITIES (Name and location)	Dates Attended				Number of Semester Hours Completed	Graduated		Degrees Received (B.A., etc.)	Major Field of Study
	From		To						
	Mo.	Yr.	Mo.	Yr.		Yes	No		

Are you currently a: ☐ Full Time or a ☐ Part Time Student?

Are you planning to return to school on a full-time basis the coming Fall Semester: ☐ Yes ☐ No

Current Licenses/Certifications/Registrations (indicate types and dates received):

EMPLOYMENT RECORD

Please indicate employment history. Start with present or most recent position and work back.

Employer:	Type of Business:
Mailing Address:	Immediate Supervisor:
City, State and Zip:	Phone No.:

Starting Date		Leaving Date		Position Title
Mo.	Yr.	Mo.	Yr.	

☐ Full Time ☐ Part Time ☐ Summer ☐ Temp./Project ______ Average number of hours worked per week if part time.

Briefly describe your duties and responsibilities:

Reason for leaving:

Employer:	Type of Business:
Mailing Address:	Immediate Supervisor:
City, State and Zip:	Phone No.:

Starting Date		Leaving Date		Position Title
Mo.	Yr.	Mo.	Yr.	

☐ Full Time ☐ Part Time ☐ Summer ☐ Temp./Project ______ Average number of hours worked per week if part time.

Briefly describe your duties and responsibilities:

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Employer:	Type of Business:
Mailing Address:	Immediate Supervisor:
City, State and Zip:	Phone No.:

Starting Date		Leaving Date		Position Title
Mo.	Yr.	Mo.	Yr.	

☐ Full Time ☐ Part Time ☐ Summer ☐ Temp./Project ______ Average number of hours worked per week if part time.

Briefly describe your duties and responsibilities:

Reason for leaving:

OTHER LIFE AND WORK EXPERIENCES

Please describe any other relevant life and work experiences (not to exceed one page):

STATEMENT OF INTEREST

Describe your motivation for applying and what you expect to gain from participating in this program, including but not limited to a description of your intent to pursue a career in administrative or public law (not to exceed one page).

COMMUNITY INVOLVEMENT

List all community involvement, offices or positions held, or organizations created:

SCHOOL ACTIVITIES AND EXTRACURRICULAR ACTIVITIES

Please describe your school and extracurricular activities:

AFFIDAVIT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I certify that the information on each page of this application and on any attached documents is true and correct to the best of my knowledge and is given freely of my own will for the purpose of gaining employment with this agency.

2. I understand that any misstatement or omission of material facts or any false information given to obtain the stipend shall be grounds for unfavorable consideration or revocation of the stipend.

3. I understand that some state agencies will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.

4. I authorize APLS to contact my current/former employers and my educational institution(s) to verify the information contained on this application and authorize my current/former employers and my educational institution(s) to release to APLS any information in their possession pertaining to me. A copy of this release will be as valid as the original.

5. I do hereby authorize the Registrar's Office to release my transcript to the Administrative and Public Law Section of the State Bar of Texas.

6. If selected for the stipend, I hereby grant permission irrevocably and in perpetuity to the Section to use, adapt, reproduce, distribute, display any information (except personal or financial information) provided by me to or authorized by me to be obtained by the Section (including but not limited to my name, photograph, likeness, or statements), in any media whatsoever, in connection with any promotional or marketing purposes of the Section, without compensation, unless required by law.

_____ _____

Applicant's Signature Date