



# 2023 STUDENT INTERNSHIP EXPERIENCE PROGRAM

Allegany-Steuben Counties Chapter NYSARC, Inc.  
50 Farnum Street, Wellsville, NY 14895  
Christina Lyon, Director of Vocational Services  
(585) 593-5700 ext. 227, [christina.lyon@thearcas.org](mailto:christina.lyon@thearcas.org)  
Fax: (585) 593-5957



## APPLICATION TRANSMITTAL FORM FROM SCHOOL

To: Christina Lyon , Director of Vocational Services  
From: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_

*The above-named student is applying for acceptance into the Student Internship Experience Program. I understand that The Arc Allegany-Steuben is unable to process applications that do not have all the required documents; therefore, the following documents are attached:*

- Applicant Information Sheet from School (completed by school)
- Employment History and Personal Interest Survey
- Consents for Release (signed by student or legal guardian)
- Recommendation
- Benefits Statement
- Individualized Education Program (IEP) or 504
- Life Plan from Care Coordination Organization (if applicable/available)