EXHIBIT A

Internship Cost Estimate

Student Ages	Pay Hourly Rate	TOTAL HOURS	TOTAL # of WEEKS	TOTAL PAY NOT INCL BENEFITS	FICA 0.062: 714010	MEDICARE 0.0145: 714020	BACKGROUND CHECK	DRUG TESTING	TOTAL COST PER STUDENT
16 and older	8.25	30	6	$1,485.00	$92.07	$21.53	$13.00	$15.00	$1,626.60
14 and 15	7.25	30	6	$1,305.00	$80.91	$18.92	$13.00	$15.00	$1,432.83