



Bonner Scholars Program

Service Co-op Stipend Request



Every Bonner scholar is required to complete at least two co-ops of full-time community service defined as at least 280 hours over at least seven weeks, with a minimum of 40 hours per week.

****Students who do not plan to return to the BSP in the following semester are not eligible to participate in the 'Co-op of Service' program. However, if a student decides to take a *leave* after completing the co-op, she/he will receive the earnings *upon* her/his return.**

Student Information

Name: _____
Address on co-op: _____

Anticipated Graduation Date: _____
Phone on co-op: _____
Preferred email: _____

Co-op Information

**** Please attach a description of the organization you will be serving with.**

This is the 1st 2nd 3rd (circle one) Co-op of Service.
This is the 1st 2nd 3rd (circle one) Bonner-funded co-op.
Funds used to date: \$ _____

This co-op addresses the following categories of service (check all that apply):

Bonner Common Commitments

_____ Social Justice _____ Civic Engagement _____ Community Building
_____ Diversity _____ Spiritual Exploration _____ International Perspective

National Service Categories

_____ Education _____ Public Safety _____ Human Need
_____ Environment _____ Program Support _____ Direct Service

Funding

****Please attach a Budget (travel, housing, food, etc.) Note: There is an earning ceiling of Antioch funds (BSP or FWSP) of \$4000 per co-op. However, you can earn cash on co-op and receive Bonner funding as well.**

Funds will be requested from the following:

\$ _____ Earnings Stipend (potential of \$1500)
\$ _____ Living Stipend (potential of \$1000)
\$ _____ 3rd Co-op of Service (potential of \$500)

Total \$ _____ ****Please indicate how much is needed in advance (plane ticket, etc.) \$ _____**

Checks

Checks will be available on the 1st Tuesday of each month. To receive checks after the initial one, you will need to send monthly reports and your final co-op paper to the Bonner coordinator. Reports can be emailed. Checks will not be available until you have **registered** for co-op.

Where do you want your checks sent or deposited? (for deposit, please attach an account deposit slip or blank canceled check)

For office use only. Request Date: _____ Approval Date: _____
Approval of Offices: _____ Financial Aid: _____ Date: _____
Business Office: _____ Date: _____