



FOOD FOR THOUGHT PROGRAM
Student Stipend Agreement

I agree to uphold my responsibilities as outlined in the participation guidelines regarding my work and behavior and that failure to do so will result in a review by either a staff member or peers which may affect my stipend. Participation in the entire Food for Thought Program is required.

Triskeles will provide a gross stipend amount of \$_____ per week. The final installment will be paid after all program requirements are finished and all paperwork and evaluations have been completed by the student.

Stipends are designed to provide a modest reward and incentive as well as to cover students' **incidental expenses during the program - especially any group meals and transportation costs. These costs will be deducted in advance, as well as any fines assessed for guideline violations.** I understand that this is a stipend for overall program participation, not wages. Thus, no taxes, insurances, or other deductions are made from stipends and all taxes which may be due are my individual responsibility.

By signing below I agree to the terms set forth above.

Student's Signature: _____

Date: _____

Student's Name (Printed): _____

If under 18 years of age, parent/guardian needs to sign:

Signature: _____

Date: _____

Name (Printed): _____ Relationship: _____

Triskeles Representative: _____

Date: _____

Name (Printed): _____

***Please complete this form, sign it, and
fax/email it to Triskeles.***