

**Verdant Healthier Community Conference**

**Scholarship Form**

Thank you for your interest in the Verdant Healthier Community Conference. If the registration fee prevents you from participating, you may submit this form to request a scholarship. To qualify, you must:

1. Live within the boundaries of Public Hospital District No. 2, Snohomish County and qualify based on your monthly income and family size.

AND/OR

1. Work or volunteer with an organization within the boundaries where the registration cost would prevent you from participating.
2. **CONTACT INFORMATION**

|  |  |
| --- | --- |
| NAME: |   |
|  |
| EMAIL: |   | PHONE:  | Click here to enter text. |
|  |
| ADDRESS: |   |
|  | Street City State Zip |

\* Public Hospital District No. 2, Snohomish County includes the cities of Lynnwood, Edmonds, Brier, Woodway, Mountlake Terrace, and portions of Bothell and unincorporated South Snohomish County.

(Visit <http://verdanthealth.org/about-us/our-work/our-community/> for boundary information.)

[ ]  **I AM SEEKING A SCHOLARSHIP TO ATTEND FOR MY INDIVIDUAL BENEFIT**

To qualify your income must be equal to or less than the monthly income identified in the chart based on your household size.

|  |  |
| --- | --- |
| FAMILY SIZE:  | Click here to enter text. |
|  |  |
| MONTHLY INCOME: | Click here to enter text. |

|  |  |
| --- | --- |
| **Family Size** | **Monthly Income** |
| 1 person | $1,962 |
| 2 | $2,655 |
| 3 | $3,348 |
| 4 | $4,042 |
| 5 | $4,735 |
| 6 | $5,428 |
| 7 | $6,122 |
| 8 | $6,815 |
| 9 | $7,408 |
| 10 | $8,201 |

[ ]  **I AM SEEKING A SCHOLARSHIP TO ATTEND ON BEHALF OF MY ORGANIZATION**

|  |  |
| --- | --- |
| ORGANIZATION NAME:  | Click here to enter text. |
|  |  |
| ROLE AT ORGANIZATION: | Click here to enter text. |

**(SEE PAGE 2)**

PLEASE EXPLAIN WHY YOU WOULD LIKE TO ATTEND THE EVENT AND WHAT YOU HOPE TO GET OUT OF IT.

WHY DO YOU NEED A SCHOLARSHIP TO ATTEND THE PROGRAM?

**AGREEMENT**

I certify the above information is true and complete to the best of my knowledge.

Please complete form and return to Verdant Health Commission:

* Scan and email to: info@verdanthealth.org
* Fax to: (425) 582-8527
* Mail to: 4710 196th Street SW, Lynnwood, WA 98036

Authorized Signer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
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|   |

Printed Name: