

**Verdant Community Wellness Center**

**Scholarship Form (WC 400)**

Thank you for your interest in the Verdant Health Commission’s programs. If there is a fee for a class that prevents you from participating, you are welcome to submit this form to request a scholarship to participate.

In order to qualify for a scholarship, you must:

1. Live within the boundaries of Public Hospital District No. 2, Snohomish County\*; **and**,
2. Qualify based on your monthly income and family size.
3. **CONTACT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME: |  | | | |
|  | | | | |
| EMAIL: |  | | PHONE: |  |
|  | | | | |
| 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.)

1. **INCOME INFORMATION**

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: |  |
|  |  |
| MONTHLY INCOME: |  |

|  |  |
| --- | --- |
| **Family Size** | **Monthly Income** |
| 1 person | $2,147 |
| 2 | $2,903 |
| 3 | $3,660 |
| 4 | $4,417 |
| 5 | $5,173 |
| 6 | $5,930 |
| 7 | $6,687 |
| 8 | $7,443 |
| 9+ | $756 each |

**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: [wellnesscenter@verdanthealth.org](mailto:wellnesscenter@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: