



Verdant Healthier Community Conference Scholarship Form

Thank you for your interest in the Verdant Healthier Community Conference. If the \$49 Early Bird or \$69 Regular 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
- 2) Work or volunteer with an organization within the boundaries where the registration cost would prevent you from participating.

1) 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: _____

Printed Name: _____