



Scholarship Application April 1, 2019 – March 31, 2020

Senior Center Membership Dues

It is part of the mission of the Everett Parks and Community Services Department and the Carl Gipson Senior Center to offer, regardless of abilities, the opportunity to participate in diverse, challenging and high-quality programs that are accessible and affordable. We provide scholarships to those who might not be able to participate because of income.

Funding for scholarships is provided through Community and Member Donations

General Policies & Guidelines

- To be eligible for a scholarship you must meet the Household Income Guidelines (see next page). You will be required to submit proof of income. This information will only be used to determine eligibility.
- Scholarships can only be used for Senior Center Annual Membership Fee.
- Based on available funds, applicants will be funded on a first-come, first served basis.
- Qualified applicants will receive a 100% reduction of the annual fee, currently \$30.
- Applicants meeting the eligibility guidelines may be awarded one scholarship for each household member age 50+.

How to Apply

- Complete the application.
- Enclose a copy of **proof of income** as required from one of the following sources: Letter from DSHS explaining current assistance status (for example: Basic Food approval letter), previous year's income tax return (or a letter from the IRS stating you don't have to pay taxes for 2018), or letter from Social Security all forms of income for a year. Whichever documentation you choose **MUST** have the name of the person applying/receiving the scholarship on it.
- Return the application to:
Carl Gipson Senior Center of Everett
3025 Lombard Avenue
Everett WA 98201

*Family Income Guidelines	
Family Size	Gross Family Yearly Income
1	\$23,107
2	\$31,284
3	\$39,461
4	\$47,638
5	\$55,815
6	\$63,992
7	\$72,169
8	\$80,346
*Updated 8/06/19	
Based upon July 1, 2019-June 30, 2020 DSHS Needs Standards for Cash Assistance and school district guidelines for free/reduced lunches.	

Please provide all requested information.

Name _____ / _____

_____ Name of head of household _____ Birth date

Address _____

City _____ ZIP _____

Employer _____

Home Phone _____ Work Phone _____

Total household monthly gross income \$ _____

Total household members _____

Names and birth dates of those requesting scholarships: (circle M/F)

1. _____ M / F Birth date _____

2. _____ M / F Birth date _____

3. _____ M / F Birth date _____

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of financial aid; and that Carl Gipson Senior Center staff may verify the information on the application.

Signature _____ Date _____

Email _____

APPLICATIONS CANNOT BE PROCESSED WITHOUT PROOF OF INCOME.

Allow 10 business days for processing. Notification will be done by phone.

Financial Aid expires 3/31/2020

For Departmental Use

Approved/Denied _____ Staff _____ Date _____

Manager Signature: _____

Processed _____ Financial Records Destroyed _____ Notified _____