“Lynnwood Parks, Recreation and Cultural Arts—creating a healthy community through people, parks, programs and partnerships.”

Join us at the Senior Center for recreational, social, health, wellness, and community activities.
- Memberships
- Exercise Classes
- Computer, Art, Language Classes
- Trips, Outdoor Recreation, and Events

Call 425-670-5050 for more information or check out the Senior Messenger online at www.PlayLynnwood.com for a complete list of all our classes and programs.

Donations are always needed and appreciated. If you or your business wish to make a contribution please call us at:

425-670-5732

You can donate at the Front Desk by check made to:
City of Lynnwood

Income Chart for Recreation Benefit Fund

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Weekly</th>
<th>Every Other Week</th>
<th>Monthly</th>
<th>Twice per Month</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$416</td>
<td>$833</td>
<td>$1,800</td>
<td>$900</td>
<td>$1,800</td>
</tr>
<tr>
<td>1</td>
<td>416</td>
<td>833</td>
<td>1,800</td>
<td>900</td>
<td>1,800</td>
</tr>
<tr>
<td>2</td>
<td>560</td>
<td>1,120</td>
<td>2,426</td>
<td>1,213</td>
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<td>3</td>
<td>705</td>
<td>1,409</td>
<td>3,051</td>
<td>1,526</td>
<td>3,051</td>
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<tr>
<td>4</td>
<td>849</td>
<td>1,698</td>
<td>3,677</td>
<td>1,839</td>
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<tr>
<td>5</td>
<td>993</td>
<td>1,986</td>
<td>4,303</td>
<td>2,112</td>
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<tr>
<td>6</td>
<td>1,138</td>
<td>2,275</td>
<td>4,929</td>
<td>2,465</td>
<td>4,929</td>
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<tr>
<td>7</td>
<td>1,282</td>
<td>2,564</td>
<td>5,555</td>
<td>2,778</td>
<td>5,555</td>
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<tr>
<td>8</td>
<td>1,427</td>
<td>2,853</td>
<td>6,181</td>
<td>3,091</td>
<td>6,181</td>
</tr>
<tr>
<td>For each additional person add</td>
<td>+145</td>
<td>+289</td>
<td>+313</td>
<td>+289</td>
<td>+313</td>
</tr>
</tbody>
</table>

For each additional person add $7,437 +$7,437

City of Lynnwood
Recreation Benefit Fund
Scholarship Program for Adults 62+
The Recreation Scholarship is a financial assistance program funded by the City of Lynnwood, local businesses, private donations, and organizations. Scholarships provide financial support to adults who live within the Lynnwood city limits aged 62 and above to participate in Senior Center activities.

Participants who qualify receive a 75% discount on registration fees. Persons with zero income receive 100% scholarship. Swim passes are limited to 10 visits.

The maximum benefit per person is $200.00 per year based upon availability of funds.

Recreation Benefit Scholarships are made on the basis of income. Proof of income includes:
- Copy of your most recent tax return
- Documentation of Food Stamps or Medicaid
- Income statement for SSI, SSDI, Washington State, Aged, Blind, or Disabled Cash.

Refer to the income chart to determine if your income qualifies you.

All applications must be submitted in advance of activity start date. Applications, complete with documentation, will be reviewed weekly.

All approvals are contingent upon available funds.

Information is reviewed and verified by the Recreation Scholarship staff only; all information is kept confidential.

Scholarship Guidelines

Recreation Scholarship Application

Please answer all questions completely. Applications are reviewed in the order they are received. All information is kept confidential. Applicants will be notified after the application is reviewed. Bring your completed application with documentation to the Lynnwood Senior Center. Applications may be mailed to:

Lynnwood Senior Center
P.O. Box 5008
Lynnwood, WA 98046-5008

Please do not send original documents.

Name: __________________________
Occupation: ______________________
Employer: _________________________
Home Phone: _____________________  Cell Phone: ________________________
Home Address: ____________________
City: ___________________  State: _______  Zip: __________  E-mail: ________________________

I qualify as disabled:  
☐ Yes / ☐ No (Please attach a copy of your award letter for SSDI; Aged, Blind, or Disabled Cash)

I qualify on basis of income: 
☐ Yes / ☐ No (Please attach a copy of your most recent tax return)

I qualify for Food stamps, Medicaid or SSI: 
☐ Yes / ☐ No (Please attach a copy of your current award letter)

Information provided may be verified. All documentation is kept confidential.  
My answers are correct, true and complete to the best of my knowledge.

Signed _____________________________  Date __________________
Staff __________________________________  Approval Number ________