Life Chiropractic of Olney

Scholarship Foundation

A 501(C)(3) Wellness Charity

**Application**

I, , am requesting status as a patient of Life Chiropractic of Olney Scholarship Foundation due to the following accepted reasons (please check only one):

**Low Income**

Circle one: Unemployed / Disability / Fixed Income / Other (please explain below)

Please state your annual household income: $

Please state your total household size:

**Medical Disability**

Please explain diagnosis:

**First Responder** – please show badge or ID for verification

Circle one: Police Officer / Firefighter / EMT or Paramedic / Active Military / Veteran

**I certify** that all the information I have provided on this form and in any accompanying document is true, complete, and correct to the best of my knowledge and belief.

Name: Date:

Signature: