

# Life Chiropractic of Olney Scholarship Foundation

A 501(C)(3) Wellness Charity

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## 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)

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Please state your annual household income: \$ \_\_\_\_\_

Please state your total household size: \_\_\_\_\_

**Medical Disability**

Please explain diagnosis:

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

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

**Student** – please show student ID for verification

**Montgomery County Public School Teacher/ Admin Staff**

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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_