

Why should you or your child be picked to receive the Chiro Kid’s Scholarship Fund:

By checking this box, I understand that the natural healthcare services I will potentially receive are not designed to treat disease. Regardless of the name of the disease they will not treat it. The only goal is to assist my body with its inborn potential to heal itself. Although Health Missions, LLC will need to know the conditions that I am suffering from they will not treat the condition.

By checking this box, I understand that Health Missions, LLC does not advise you to stop the current treatment you are receiving. They will focus on the integration of natural healthcare services to assist in your overall recovery.

Sign name: _____

Date: _____

Applications can be sent via email to:
info@healthmissions.com
OR
Mailed to:
Health Missions
PO Box 5036
Hoboken, NJ 07030