

# **HANDS-ON SEMINARS** **SCHOLARSHIP APPLICATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel.:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

List any Manual Therapy Courses have you taken in the past:

What are the 3 most important reasons why you want to expand your knowledge in Manual Physical Therapy:

With your signature below you express your desire to receive \$1000 in coupon format that you may use towards courses and programs offered by Hands-On Seminars as per the rules and regulations listed in the Hands-On Seminars web site. You also agree that upon completion of any of the programs you will write a brief post in any social (Facebook, Tweeter, Blogs etc) or traditional media (Newspapers, Magazines etc) about the benefits of manual physical therapy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FAX YOUR APPLICATION TO: (212) 246-4050**