



**2023 JUNIOR LEVEL SCIENCE SCHOLARSHIPS
APPLICATION FORM**

FORM D – CERTIFICATION OF GOOD HEALTH

TO WHOM IT MAY CONCERN:

This is to certify that _____ is of good health and
(Name of Applicant)
is fit to study his/her course in college.

*Printed Name & Signature of School/Barangay Health
Center/Private Physician/Nurse*

License No.: _____

Date: _____