



2025 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

Designation \_\_\_\_\_  
(i.e., Private/Barangay Health Center Physician/Nurse/Midwife)

License No. \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: Please do not leave any spaces blank. Indicate N/A if not applicable.  
Failure to properly accomplish the form can result to the applicant's disqualification to the scholarship.**