

FORM 2

A. HEALTH CERTIFICATE

HEALTH AGENCY : _____
ADDRESS : _____

DATE: _____

TO WHOM IT MAY CONCERN:

This is to certify that I have examined _____
and found him/her to be:

- Physically fit
- Physically unfit

for scholarship application.

This certification is issued in connection with his/her application for the Congressional Migrant Workers Scholarship Program (CMWSP) for the SY 2014 - 2015.

Medical Officer
(Signature Over Printed Name)

LC # _____

B. CERTIFICATE OF GOOD MORAL CHARACTER

This is to certify that _____ is of good moral character and that no disciplinary action has been taken against him/her as of date.

Principal / Guidance Counselor
(Signature Over Printed Name)

C. PRINCIPAL'S CERTIFICATION

High School : _____
Address : _____

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a candidate for graduation this March 2014. This further certifies that he/she belongs to the upper 20% of the graduating class numbering _____.

Principal
(Signature Over Printed Name)

D. APPLICANT'S CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that the undersigned has not previously taken the Congressional Migrant Workers Scholarship Program (CMWSP) Qualifying Examination and any post secondary/ vocational or undergraduate/college units.

Attested by:

Parent / Guardian
(Signature Over Printed Name)

Applicant
(Signature Over Printed Name)

**E. PARENT'S CERTIFICATION ON APPLICATION
FOR IMMIGRATION / DUAL CITIZENSHIP OF APPLICANT**

TO WHOM IT MAY CONCERN:

This is to certify that my son / daughter _____ is not a holder of dual citizenship and has no pending application for immigration to any country.

Parent / Guardian
(Signature over Printed Name)