

HUMAN RESOURCE DEVELOPMENT PROGRAM
Philippine Council for Advanced Science and Technology Research and Development
Department of Science and Technology

Rm. 100 DOST Main Bldg., General Santos Avenue, Bicutan, Taguig, Metro Manila
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APPLICATION FORM

(Print or type in block letters)

Name : WONG RAVIE JANE PENDANG
 (Family) (First) (Middle)

Program Applied For:

☒ MS ☐ Thesis ☐ Research Fellowship
☐ PhD ☐ Dissertation ☐ Visiting Professor

Type of Scholarship:

☒ Full-time ☐ Part-time

Proposed Field of Study:

☐ Biology ☐ Computer Science ☐ Chemistry
☐ Physics ☐ Information Technology ☐ Microbiology
☒ Mathematics ☐ Materials Science ☐ Statistics
☐ Earth Science/Remote Sensing ☐ Bioinformatics

Proposed Research Area/Topic : ABSTRACT ALGEBRA (GROUP THEORY)

PCASTRD accredited school where admitted: MINDANAO STATE UNIVERSITY - ILIGAN INSTITUTE OF TECHNOLOGY

Type of Entry to the Scholarship:

☒ Regular ☐ Lateral If lateral, no. of graduate units passed _____

Duration: _____

(for lateral entrants, to be supported by a certification from the graduate school on the minimum number of units required and the minimum number of semesters needed to finish the degree)

Please submit this duly accomplished application form with the following requirements:

- ☒ 1. Certificate of acceptance/admission from any PCASTRD accredited school
- ☐ 2. Certified true copy of Transcript of Records (BS for MS applicant/BS and MS for PhD applicant)
- ☒ 3. Certified true copy of diploma/certificate of graduation
- ☒ 4. Recommendation letters from two former professors (BS or MS, as the case may be)
- ☐ 5. Endorsement letter from the head of sending institution (where applicable)
 - a. potential contribution
 - b. length of service
 - c. absence of criminal/administrative charges
 - d. willingness to release the nominee from the duties and responsibilities for the duration of the scholarship program/approved study leave with pay/ no existing scholarship grant
- ☒ 6. Certified true copy of birth certificate
- ☒ 7. Doctor's certification of good health with chest x-ray result
- ☐ 8. NBI Clearance
- ☒ 9. Two (2) copies of 2"x2" latest picture
- ☐ 10. Others

1-13
 12
 2.05
 1

Brief Description of Career Plans:

TO BE A COMPETENT MASTER OF SCIENCE IN MATHEMATICS DEGREE
HOLDER WITH EXTENSIVE QUALIFICATIONS THAT SEEKS OPPORTUNITIES
IN RESEARCH AND INSTRUCTION TO CONTRIBUTE IN THE FUTURE
DEVELOPMENT OF OUR COUNTRY.

(use additional sheet if necessary)

PERSONAL INFORMATION

Home Address : PUROK 4A, ERMAC COMPOUND, TAMBO HINAPLANON,
ILIGAN CITY, 9200.

Home Tel. No. : 063-221-1634

City/Contact Address : PUROK 4A, ERMAC COMPOUND, TAMBO HINAPLANON,
ILIGAN CITY 9200

City/Contact Nos.: 063-221-1634

E-mail: rane_mail@yahoo.com Mobile Phone No. 09173676827

Sex : FEMALE Age : 20 Civil Status : SINGLE Religion: ROMAN CATHOLIC

Date of Birth : SEPTEMBER 30, 1987 Place of Birth : ILIGAN CITY Citizenship : FILIPINO

If Married, Spouse Name : _____

Occupation: _____

Employer : _____

Office Address : _____

Tel. Nos: _____

Children:

Name	Age	Address	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Father's Name : RAUL S. WONG Occupation : NONE

Employer : _____

Office Address : _____

Tel. No. : _____

Mother's Name : VIENA P. WONG Occupation : SELF-EMPLOYED

Employer : _____

Office Address : PRK 4A, TAMBO HINAPLANON, ILIGAN CITY

Tel. No. : 063-221-1634

Brothers/Sisters :

Name	Age	Address	Occupation
RONNEL VINCENT P. WONG	15	TAMBO, ILIGAN CITY	NONE

(use additional sheet if necessary)

EDUCATIONAL BACKGROUND

Degree Received	Name of Institution	Year	Title of Thesis
BACHELOR OF SCIENCE IN MATHEMATICS	MINLANAO STATE UNIVERSITY - ILIGAN INSTITUTE OF TECHNOLOGY	2008	ON ALMOST CYCLIC GROUPS

Special Trainings Undertaken:

Training Courses	Training Institution	Period

(use additional sheet if necessary)

Scholarship/Fellowship Availied of:

Program	Field of Study	School	Sponsoring Inst.	Period

(use additional sheet if necessary)

EMPLOYMENT RECORD

Present Employer : _____
 Office Address: _____
 Office Tel. No.: _____
 Position: _____

Brief Description of Present Duties:

(use additional sheet if necessary)

Will your present employer pay your salary throughout the duration of your scholarship?

☐ Yes

☐ No

Research Projects Involved In:

Title	Name of Co-Researchers	Period

(use additional sheet if necessary)

Please list positions held from previous employment:

Period	Position	Salary	Employer

(use additional sheet if necessary)

Character References : (preferably from your present office)

Name	Position	Address	Contact Nos.
1. JOSELITO A. UY	PROFESSOR VI	DAD, ILIGAN CITY	223-7979
2. VERONICA B. FLORIDA	ASSOC. PROFESSOR II	DALIPUGA, ILIGAN CITY	225-1163
3. ISLA, ROWENA	PROFESSOR VI	MSU-IT (Math Dept.)	

I certify that the statements made herein are true and correct and I promise to abide by the decision of the PCASTRD administration on this application.

APRIL 12, 2008

Date


Signature of Applicant