



**MASENO UNIVERSITY  
OFFICE OF THE SOMU VICE- CHAIR**

**SOMU BURSARY APPLICATION FORM**

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_ADMISSION NO. \_\_\_\_\_  
CELL PHONE NO: \_\_\_\_\_EMAIL ADDRESS: \_\_\_\_\_  
YEAR OF STUDY: \_\_\_\_\_COUNTY: \_\_\_\_\_  
DEGREE PROGRAMME: \_\_\_\_\_DEPT. \_\_\_\_\_  
CONSTITUENCY: \_\_\_\_\_  
GOVERNMENT SPONSORED: \_\_\_\_\_SEFLF SPONSORED\_\_\_\_\_ (tick appropriately)

**FAMILY STATUS:** (tick where applicable and attach relevant documents)

- 1: ORPHAN: \_\_\_\_\_
2. DISABLED: \_\_\_\_\_
3. SINGLE PARENT: \_\_\_\_\_
4. UNEMPLOYED PARENTS: \_\_\_\_\_
5. OTHERS(specify): \_\_\_\_\_

**DETAILS OF LOANS AND BUSARIES:** (indicate clearly, type and amount e.g. HELB)

- 1: LOAN \_\_\_\_\_AWARDING ORGANIZATION \_\_\_\_\_(KSHS) \_\_\_\_\_
- 2: BUSARIES \_\_\_\_\_AWARDING ORGANIZATION \_\_\_\_\_(KSHS) \_\_\_\_\_
- 3: OTHERS (specify) \_\_\_\_\_

**ACADEMIC PROGRESS**

Previous academic year average grade \_\_\_\_\_

(Attach certified result slip by Dean of school)

**FOR OFFICIAL USE ONLY**



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**a) DIRECTORATE OF STUDENT AFFAIRS**

Receiving officer

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**b) FINANCE DEPARTMENT**

Fees balance \_\_\_\_\_

Does the applicant have any sponsorship (tick appropriately) Yes \_\_\_\_\_ No \_\_\_\_\_

Name of officer \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**c) PANEL RECOMMENDATION (tick appropriately)**

Approved for award \_\_\_\_\_

Not approved for award \_\_\_\_\_

Reason \_\_\_\_\_

Amount awarded \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Stamp \_\_\_\_\_

NOTE:-Incomplete form will not be processed

-False information will lead to disqualification and a disciplinary action

**MASENO UNIVERSITY ISO 9001:2008 CERTIFIED**

*Fountain of Excellence*