



MASENO UNIVERSITY
OFFICE OF THE DEPUTY DIRECTOR STUDENTS' AFFAIRS

WORKSTUDY APPLICATION FORM

PERSONAL INFORMATION:

NAME: _____ ADMISSION NO. _____
CELL PHONE NO: _____ EMAIL ADDRESS: _____
YEAR OF STUDY: _____ COUNTY: _____
DEGREE PROGRAMME: _____ DEPT. _____
CONSTITUENCY: _____

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

- 1: ORPHAN: _____
- 2: LIVING WITH DISABILITY: _____
- 3: SINGLE PARENT: _____
- 5: OTHERS (Specify): _____

DETAILS OF LOANS AND BURSARIES: (indicate clearly, type and amount)

- 1: LOAN _____ AWARDING ORG. _____ (KSHS) _____
- 2: BURSARIES _____ AWARDING ORG. _____ (KSHS) _____
- 3: OTHERS (Specify) _____

ACADEMIC PROGRESS

Previous academic year average grade _____
(Attach certified result slip by Dean of school)

FOR OFFICIAL USE ONLY

a) **DIRECTORATE OF STUDENTS AFFAIRS OFFICE**

Receiving officer _____
Name _____ Signature _____ Date _____

b) **FINANCE DEPARTMENT**

Fees balance _____

Does the applicant benefit from 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