



**MASENOUNIVERSITY**  
**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