



MASENO UNIVERSITY
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. NATURE OF DISABILITY _____
4. SINGLE PARENT: _____
5. UNEMPLOYED PARENTS: _____
6. 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

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 workstudy _____

Not approved for workstudy _____

Reason _____

Signature _____

Date _____

Stamp _____

NOTE: - Incomplete form will not be processed
- False information will lead to disqualification and a disciplinary action



