

  
**MASENO UNIVERSITY**  
**DIRECTORATE OF STUDENT AFFAIRS**  
***Internal Memo***

**From:** Director Student Affairs

**Date:** 27<sup>th</sup> January, 2026

**To: ALL STUDENTS**

**Ref:** MSU/DSA/RAT/16

**RE: APPLICATION FOR RATTANSI BURSARY FOR 2025/2026 ACADEMIC YEAR**

Applications for Rattansi Bursary are invited from **deserving needy students** of this University. The students should be currently in session.

Applicants **MUST** meet the following criteria: -

- Be a registered student of Maseno University.
- Be of good conduct and character.
- Be of good academic record.
- Must not be on any Scholarship.

Applicants are advised to indicate their County of origin and any other assistance/support they are currently receiving from other organizations e.g. Ministry, HELB, CDF etc.

**Note:** *Providing false information and forgery will lead to automatic disqualification and disciplinary action by the University.*

**Needy students, orphans and students living with disabilities are encouraged to apply.**

Attach relevant supporting documents.

Application forms are available online on the **University Website**. Duly filled forms should be submitted at the Directorate of Student Affairs not later than **Friday 30<sup>th</sup> January, 2026**, at 4:00pm. Applicants in Kisumu and Odera Akang'o Campuses are advised to deliver their forms at the offices of their respective Directors by the said date and time.

**NB:** Ensure to sign the control sheet upon submission of the application form.

  
**Prof. Peter Oracha**  
**Director, SA**

**Copies to:** Vice - Chancellor  
Deputy Vice Chancellor, ASA  
Deputy Vice Chancellor, AF&D  
Finance Officer  
Deputy Director Students Affairs

Registrar, ASA  
NOTICE BOARDS  
Deans of Schools

<b>MASENO UNIVERSITY</b> DIRECTOR, STUDENT AFFAIRS	
27/01/2026	
PRIVATE BAG, MASENO	



  
**MASENO UNIVERSITY**  
**DIRECTORATE OF STUDENT AFFAIRS**

**RATTANSI BURSARY APPLICATION FORM**

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_  
DEGREE PROGRAMME: \_\_\_\_\_  
CELL PHONE NO: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
DEPT. \_\_\_\_\_

REG. NO. \_\_\_\_\_  
YEAR OF STUDY: \_\_\_\_\_  
COUNTY: \_\_\_\_\_  
CONSTITUENCY: \_\_\_\_\_

ORPHAN: (Attach proof): \_\_\_\_\_

LIVING WITH DISABILITY: \_\_\_\_\_

NATURE OF DISABILITY (Attach proof): \_\_\_\_\_

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

1: SINGLE PARENT: \_\_\_\_\_  
2: UNEMPLOYED PARENTS: \_\_\_\_\_  
3: OTHERS (Specify and provide/attach proof): \_\_\_\_\_

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

1: LOAN _____	AWARDING ORGANISATION. _____	AMOUNT (KSHS) _____
2: BURSARIES _____	AWARDING ORGANISATION. _____	AMOUNT (KSHS) _____
3: OTHERS (Specify) _____		

**ACADEMIC PROGRESS**

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

**FOR OFFICIAL USE ONLY**

**FINANCE DEPARTMENT**

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

Does the applicant benefit from any sponsorship? (tick appropriately) Yes \_\_\_\_\_ No \_\_\_\_\_

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

Signature and Stamp \_\_\_\_\_ Date \_\_\_\_\_

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

