



STUDENT ORGANIZATION OF MASENO UNIVERSITY
OFFICE OF THE VICE CHAIRPERSON

From: SOMU Chairperson

Ref: SOMU/VC/001/026

To: ALL STUDENTS

Date: 23/03/2026

RE: SOMU BURSARY APPLICATION

Student Organization of Maseno University in conjunction with Directorate of Student Affairs wishes to advertise the SOMU bursary for the 2026/2027 academic year.

Applicants should meet the criteria below:

1. Must be a bonafide student of Maseno University.
2. Must not be having any pending disciplinary case.
3. Must be of good academic record.
4. Attach any supportive documents.

Application form should be received at the Directorate of Student Affairs by 4.00 pm on Friday 27th March 2026. Applicants in Kisumu and Odera Kang'o campuses to hand in their application at their respective Director's offices by the said date.

Thanks.

Anjiri Beatrice

Vice Chairperson, SOMU





**MASENO UNIVERSITY
STUDENTS ORGANIZATION OF MASENO UNIVERSITY**

S.O.M.U BURSARY APPLICATION FORM 2026

PERSONAL INFORMATION:

NAME: _____ ADMISSION NO. _____
CELL PHONE NO: _____ EMAIL ADDRESS: _____
YEAR OF STUDY: _____ DEGREE PROGRAMME: _____
GOVERNMENT SPONSORED: _____ SELF SPONSORED _____ (tick appropriately)

ANY FORM OF DISABILITY (Attach evidence)

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

1. Orphan hood (Total or Partial) _____
2. Parents(s) living with disability: _____
3. Others (Specify): _____

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

- 1: Loan _____ Awarding org. _____ (Ksh) _____
- 2: Bursaries _____ Awarding Org. _____ (Ksh) _____
- 3: Others (Specify) _____

ACADEMIC PROGRESS

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

FOR OFFICIAL USE ONLY

a) DIRECTOR STUDENTS AFFAIRS OFFICE

Receiving officer

Name _____ Signature _____ Date _____



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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