



MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY

Office of Dean of Students
INTERNAL MEMO

From: Dean of Students

Date: 7th September, 2022

To: All students

Ref: MMU/COR: 5490029

SUBJECT: APPLICATION FOR WORKSTUDY PROGRAMME 2022/2023 ACADEMIC YEAR

This is to inform all the needy students to apply for Workstudy Programme for 2022/2023 Academic year.

The forms should be submitted to the Dean of Students office by Wednesday 14th September, 2022 at 4.00pm.

The application form is at the University Bookshop. You are required to attach fees statement and other supporting documents that show the level of need.

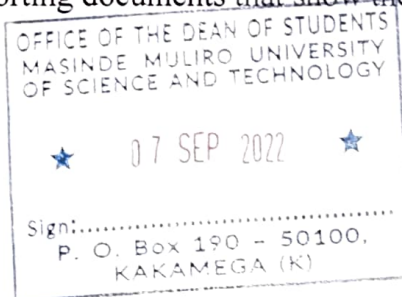
Thank you.

Dr. Benardatte Abwao

DEAN OF STUDENTS

Copy to;

- Vice Chancellor
- Deputy Vice Chancellor A&SA
- Deputy Vice Chancellor A&F
- Registrar (AA)
- Finance Officer
- MMUSO Chairperson



MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY
STUDENT AFFAIRS DEPARTMENT
WORKSTUDY PROGRAMME APPLICATION FORM
2022/2023 ACADEMIC YEAR

INSTRUCTIONS:

This form has 3 pages. Complete all the sections. This is an official document and the information provided must be true and correct to the best of your knowledge. Giving false, incorrect or incomplete information will lead to the automatic disqualification of the application and may further lead to disciplinary action or forfeiture of the Bursary. Duty completed application forms should be returned to the Office of the Dean of Students

1. PERSONAL DETAILS OF THE APPLICANT

- i. Name:..... Reg. No.....
- ii. School:.....
- iii. Gender: (M/F).....
- iv. Home Address..... Tel. No.....
- v. Home County..... Sub-county
- vi. Name of Next of Kin.....
- vii. Address..... Tel. No.....
- viii. Name of Chief.....
- ix. Address..... Tel. No.....
- x. Are you living with any Disability (Yes/No)? If Yes,
Specify.....
- xi. Student's Status (**Tick if**) Government Sponsored (KUCCPS) / Self Sponsored (PSSP)
- xii. Accommodation (Residential Status) **Tick if** (Resident) ...or (Non Resident) student...

2. FAMILY BACKGROUND(A) Parental Status (**Tick as appropriate**)

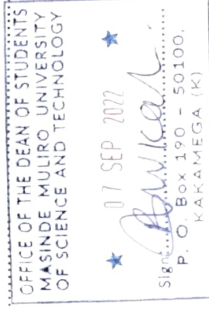
- i) Have both parents | | ii) Have one parent | | iii) Total orphan | |

(If deceased attach death certificates)

(B) If they are /is alive, please state

(i) Father/Guardians

- Age.....Occupation.....
- Current Employer.....
- Health status (**Attach evidence**).....



- (ii) Mother/Guardians
- Age.....Occupation.....
- Current Employer.....
- Health status (**Attach evidence**).....

(C) Siblings (Brothers and Sisters)

- Total number of siblings (**Excluding yourself**).....
- No. of brothers/sisters in;
- (i) University.....
 - (ii) Secondary.....
 - (iii) Primary.....
 - (iv) College/Tertiary Institution.....
 - (v) How many are out of School.....Why.....?
 - (vi) Any who are working and their occupations.....

3. OTHER INFORMATION

- i) Did you get any financial assistance in Secondary School or Tertiary Institution? (Yes/No) If yes, specify source and amount. (**Attach evidence or any recommendation from the area chief**)
- ii) Are you / have you been on work study programme? Yes/No (**Attach evidence**)
- iii) Do you receive any financial support from external sponsors such as HELB, NGOs, CDF (Yes/No) if Yes specify the source and amount.....
- iv) Have you completed paying tuition fee for this academic year? Yes/No. If No State the balance and **attach fee Statement**.....
- v) Have you ever deferred your University studies (Yes/No) If yes, give reasons e.g Medical/Social/Financial/Academic (**Tick where applicable**)
- vi) Have you ever been involved in any disciplinary case? (Yes/No). If yes, were you found guilty or not guilty.....

vii) In the space below give any other relevant information that will help us make a decision about your level of need. (**Attach evidence**):

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viii) Comments from the Dean of your School

Sign & Stamp

ix) Comments from the Dean of Students

Sign & Stamp

4. DECLARATION BY THE APPLICANT

Note: The Board may verify this information without necessarily contacting you.

I declare that the information given above is true to the best of my knowledge.

NAME.....REG. NO.....

SIGNATURE.....DATE.....

5. FOR OFFICIAL USE ONLY

Date Received.....Awarded/Not Awarded.....

Amount Awarded.....Remarks.....

Official Sign.....Date.....

