



# MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY

Office of Dean of Students  
*INTERNAL MEMO*

From: Dean of Students

Date: 18<sup>th</sup> September, 2023

To: All students

Ref: MMU/COR: 5490029

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**SUBJECT: APPLICATION FOR WORKSTUDY PROGRAM 2023/2024  
ACADEMIC YEAR**

This is to inform all needy students to apply for Workstudy Program for 2023/2024 Academic year.

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

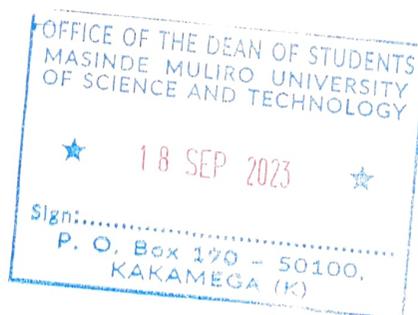
The forms should be submitted to the Dean of Students office by Monday 25<sup>th</sup> September, 2023 at 4.00pm.

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 President



**MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY**  
**STUDENT AFFAIRS DEPARTMENT**  
**WORKSTUDY PROGRAM APPLICATION FORM**  
**2023/2024 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. Duly 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 as appropriate**)  
Government Sponsored (KUCCPS) /Self Sponsored (PSSP)
- xii. Accommodation or Residential Status (**Tick as appropriate**)  
Resident/Non Resident

**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

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



- (ii) Mother
- 1. Age.....Occupation.....
- 2. Current Employer.....
- 3. Health status (**Attach evidence**).....

(C) Siblings (Brothers and Sisters)

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

**3. OTHER INFORMATION**

- (i) Who paid your secondary school fee? ..... (**Attach evidence**)
- (ii) Are you / have you been on work study program? 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 Current 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) 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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(vii) Comments from the Dean of your School

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**Sign & Stamp**



(viii) Comments from the Dean of Students

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**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.....

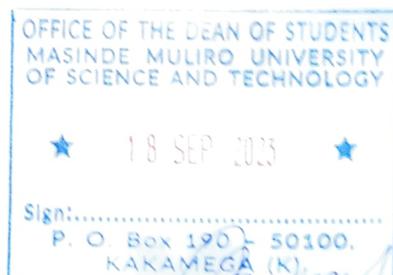
**5. FOR OFFICIAL USE ONLY**

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

Remarks.....

Name..... Signature .....

Date.....



*[Handwritten signature]*