



**MASENO UNIVERSITY**  
**DIRECTORATE OF STUDENTS AFFAIRS**

**WORKSTUDY APPLICATION FORM**

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_ ADMISSION NO. \_\_\_\_\_  
CELL PHONE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
YEAR OF STUDY: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
DEGREE PROGRAMME: \_\_\_\_\_ DEPT. \_\_\_\_\_  
CONSTITUENCY: \_\_\_\_\_

**NB:** Payments shall be made through the phone number provided.

**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) FINANCE DEPARTMENT**

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

Does the applicant have any sponsorship (tick appropriately) Yes \_\_\_\_\_ No \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**b) PANEL RECOMMENDATION (tick appropriately)**

Approved for consideration \_\_\_\_\_

Not approved for consideration \_\_\_\_\_

Reason \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Stamp \_\_\_\_\_

**NOTE: - Incomplete form will not be processed**

**- False information will lead to disqualification and a disciplinary action**

***Keep safer: Wear your mask properly, wash your hands with water and soap or sanitize and  
Keep Social Distance***