



MASENO UNIVERSITY
DIRECTORATE OF STUDENT AFFAIRS

WORKSTUDY APPLICATION FORM

PERSONAL INFORMATION:

NAME: _____ ADMISSION NO. _____
CELL PHONE NO: _____ EMAIL: _____
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 DISABILTY: _____
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 an
Keep Social Distance***