

MURANG'A UNIVERSITY OF TECHNOLOGY P.O. BOX 75-10200 MURANG'A, KENYA TELEPHONE 0771463515 / 0771370824 OFFICE OF THE DEAN OF STUDENTS INSTRUCTIONS

WORK STUDY APPLICATION FORM

All students wishing to be considered for Work study **MUST** fulfill the following conditions:

- 1. Submit a duly filled Work study Application forms within the set timelines
- Be enrolled into a full time Certificate, Diploma and Bachelors' degree programme at Murang'a University of Technology during any semester in which assistance is received.
- 3. Demonstrate a genuine need of financial assistance
- 4. Have a record of sustained high academic achievement
- 5. Be a Kenyan citizen
- 6. Not have been found guilty of a disciplinary offence within the last one year
- 7. Provide written statements from **two** (2) referees who know their financial situation well. One of the **referees should be a member of the Provincial Administration** e.g., a local Chief, the other one a **Priest** or **Kadhi** and/or a **lawyer**. The statements should be signed, stamped and submitted clearly indicating the name of the applicant.

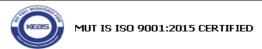
Important Note

Any student or person filling this Application form and knowingly gives false or misleading information whether in writing or by attaching herein a false document(s) shall lead to automatic disqualification and may be subjected to disciplinary action as per the rules and regulations guiding student conduct.



PART A: STUDENT DETAILS

i) Name:	
Last First	Middle
ii) Registration No.:	
iii) Gender: Male Fem	ale
iv) Date of birth:	
v) ID Number: (Att	ach copy)
vi) Programme of study:	
vii) Sponsorship: Government Sponsored	Self-sponsored
viii)Current mailing address:	
ix) Mobile No.:Alte	rnate Mobile No.:
x) Disabilities: Physically challenged Other (specify)	
	omic year or KSCE Moon grade and points
xi) Mean grade achieved in the preceding acade	enne year of KSCE Mean grade and points
in case one is a first year:	
in case one is a first year:	s your family)
in case one is a first year: xii) Co-curricular activity(i.e.) in the University RT B: PARENTS DETAILS Family category (tick the category that describes	s your family)
in case one is a first year: xii) Co-curricular activity(i.e.) in the University RT B: PARENTS DETAILS Family category (tick the category that describes Orphaned single parent/guardian/sponso	s your family) r more than one parent /guardian
in case one is a first year: xii) Co-curricular activity(i.e.) in the University RT B: PARENTS DETAILS Family category (tick the category that describes Orphaned single parent/guardian/sponso 1. FATHER	s your family) more than one parent /guardian 2. MOTHER
in case one is a first year: xii) Co-curricular activity(i.e.) in the University RT B: PARENTS DETAILS Family category (tick the category that describes orphaned single parent/guardian/sponso 1. FATHER a) Father Alive Deceased b) If deceased, provide the date of death; (Attach death certificate if available)	s your family) The more than one parent /guardian 2. MOTHER a) Mother Alive Deceased b) If deceased, provide the date of death (Attach death certificate if available)
in case one is a first year: xii) Co-curricular activity(i.e.) in the University RT B: PARENTS DETAILS Family category (tick the category that describes of the complete of the complete of the complete of the category that describes of the catego	s your family) The more than one parent /guardian 2. MOTHER a) Mother Alive Deceased b) If deceased, provide the date of death
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g) If retired give name (s) and address of last employer (s);	g) If retired give name (s) and address of last employer(s);
Year of retirement:	Year of retirement:

PART C: GUARDIAN/SPONSOR DETAILS

a) Name:	b) Mobile No.:
c) ID/No.:	d) Occupation:
e) Name and address of employer:	

PART D: FINANCIAL INFORMATION

NOTE: Due to the large number of students interested in financial assistance at the University, consideration will only be limited to students that demonstrate genuine financial difficulties and will be subject to the availability of funds.

a) Gross family income in the last 12months

ITEM	FATHER	MOTHER	GUARDIAN/	SELF	TOTAL
			SPONSOR		(KSHS)
Gross income from employment					
(Salary or Pension)					
Income from Business e.g., Shop,					
Hotel, Matatu, etc.					
Income from farming e.g., Crops,					
Livestock, Fishing, etc.					
Income from other sources e.g.,					
Shares, Dividends, Interest					
TOTAL					

b) Other sources of income in the last 12months

ITEM	TOTAL (KSHS)	
HELB		
County		
CDF		
Fund Raising		
Donations		
Any other (State Name)		
GRAND TOTAL		

C	c) Fee payment at MUT
	(i) Current payable fees/semester: Kshs
	(ii) Current average expenditure/semester: Kshs
	(iii) Current fee balance: Kshs

d) Applicant's Siblings in Educational Institutions (Please attach documentary evidence)

CHILD'S NAME	INSTITUTION NAME	YEAR OF STUDY	COST OF EDUCATION (for the last one year)
1.			
2.			
3.			
4.			
5.			
6.			
TOTAL			

Number and age(s) of siblings not in school	



PART E: ELIGIBILITY FOR WORK STUDY

considered for an award:	nsider yourself eligible for MUT work study and why you should be
	, ° *
PART F: REFEREE STAT	ΓΕΜΕΝΤS:
provide an honest and con the referees should be a m one a priest or Kadhi and	and contact details of two (2) referees who know you well and can imprehensive reference regarding your financial situation. One of member of the provincial administration e.g., a chief, the other l/or a lawyer . It is your responsibility to ask them to forward their the Students' Welfare Committee through the Office of the Dean of this form.
Referee details (Name, Ph	none, E-mail address):
_	
PART G: DECLARATION	<u>N</u>
<u>I</u>	hereby apply for work study for the
	Academic Year. The above information is complete and
accurate to the best of my	knowledge. I am aware my eligibility for the work study may be
withdrawn based on any cl	hanges to my enrolment status, academic standing or found to have
committed a disciplinary o	ffense.
Applicant's Signature	Date:



OFFICIAL USE ONLY

Receiving Officer:	
Date and Stamp:	
Recommendation work study of the	ne Committee
a) Recommended for Work study: _	
b) Not Recommended Work study _	
Work study Amount awarded (where	e applicable) (Kshs)
Signature:	Date and stamp:
Chairman Students Work Study Cor	nmittee

This form should be forwarded to: The Dean of Students, Murang'a University of Technology. P.O. Box 75-10200 Murang'a, Kenya. Telephone No. 0771-463-515 / 0771-370-824