MUT/F/SWD/004



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

1) Name: Last	First	Middle
ii) Registration No.:		
iii) Gender: Male	Female	
iv) Date of birth:	_	
,		
v) ID Number:	(Attach copy	
vi) Programme of study:		
vii) Sponsorship: Government Sponsored		Self-sponsored
viii)Current mailing address:		
ix) Mobile No.:	_Alternate Mo	bbile No.:
x) Disabilities: Physically challenged Other (specify)		Visually challenged
xi) Mean grade achieved in the preceding	academic year	r or KSCE Mean grade and points
in case one is a first year:		
in case one is a first year:xii) Co-curricular activity(i.e.) in the Unive		
RT B: PARENTS DETAILS Family category (tick the category that des Orphaned single parent/guardian/s	cribes your fai	nily) more than one parent /guardian [
xii) Co-curricular activity(i.e.) in the Unive	cribes your fai	nily)
RT B: PARENTS DETAILS Family category (tick the category that des Orphaned single parent/guardian/s	cribes your far	nily) more than one parent /guardian [
RT B: PARENTS DETAILS Family category (tick the category that des Drphaned single parent/guardian/sp. 1. FATHER a) Father Alive Deceased b) If deceased, provide the date of death;	cribes your far ponsor 2. 3 a) N b)	mily) more than one parent /guardian [MOTHER Mother Alive Deceased If deceased, provide the date of dea
RT B: PARENTS DETAILS Family category (tick the category that des Drphaned single parent/guardian/s 1. FATHER a) Father Alive Deceased b) If deceased, provide the date of death; (Attach death certificate if available)	cribes your far ponsor 2. 2 a) N b) (Att	mily) more than one parent /guardian [MOTHER Mother Alive Deceased If deceased, provide the date of dea ach death certificate if available)
RT B: PARENTS DETAILS Family category (tick the category that des Drphaned single parent/guardian/s) 1. FATHER a) Father Alive Deceased b) If deceased, provide the date of death; (Attach death certificate if available) c) If alive give his age;	cribes your far ponsor 2. 2 3	mily) more than one parent /guardian [MOTHER Mother Alive Deceased If deceased, provide the date of dea ach death certificate if available) If alive give her age;
RT B: PARENTS DETAILS Family category (tick the category that desemble parent/guardian/s) 1. FATHER 1. Father Alive Deceased 2. Diff deceased, provide the date of death; 2. Attach death certificate if available) 2. If alive give his age; 3. Name:ID/No	cribes your far ponsor a) N b) (Att c) d) N	mily) more than one parent /guardian [MOTHER Mother Alive Deceased If deceased, provide the date of dea ach death certificate if available) If alive give her age; Jame:ID/No
RT B: PARENTS DETAILS Family category (tick the category that des Drphaned single parent/guardian/s) 1. FATHER a) Father Alive Deceased b) If deceased, provide the date of death; (Attach death certificate if available) c) If alive give his age;	cribes your far ponsor a) N b) (Att c) d) N e) 0	mily) more than one parent /guardian [MOTHER Mother Alive Deceased If deceased, provide the date of dea ach death certificate if available) If alive give her age;



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		

) F	ree 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
1			last one year)
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	consider yourself eligible for MUT work study and why you should b
	ą.
-	
PART F: REFEREE ST	ATEMENTS:
provide an honest and of the referees should be other one a priest or I	es and contact details of two (2) referees who know you well and can comprehensive reference regarding your financial situation. One of the a member of the provincial administration e.g., a chief, the Kadhi . It is your responsibility to ask them to forward their support Students' Welfare Committee through the Office of the Dean of smit this form.
Deferee details (Name	Phone, E-mail address):
Refer ee details (Name,	r none, L-man daaress).
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PART G: DECLARATI	<u>ON</u>
<u>I</u>	hereby apply for work study for the
	Academic Year. The above information is complete and
	my knowledge. I am aware my eligibility for the work study may be
	changes to my enrolment status, academic standing or found to have
committed a disciplinary	
Applicant's Signature	Date:



OFFICIAL USE ONLY

Receiving Officer:		
Date and Stamp:		
Recommendation work study of t	<u>he Committee</u>	
a) Recommended for Work study:		
b) Not Recommended Work study		
Work study Amount awarded (when	e applicable) (Kshs)	
Signature:	Date and stamp:	
Chairman Students Work Study Co	mmittee	

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. 0743540295

