



**MURANG'A UNIVERSITY OF TECHNOLOGY  
OFFICE OF THE DEAN OF STUDENTS**

**P.O. Box 75-10200,  
Murang'a**

**Cell: 0743 540 295**

**Email: [deanofstudents@mut.ac.ke](mailto:deanofstudents@mut.ac.ke)**

**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
2. 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**. The statements should be signed, stamped, scanned, upload and attached to the Google form for submission

**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 ☐ Female ☐
- iv) Date of birth: \_\_\_\_\_ v) ID Number: \_\_\_\_\_ **(Attach copy)**
- vii) Programme of study: \_\_\_\_\_ vii). Sponsorship **Government**  
**Sponsored** ☐ **Self-sponsored** ☐
- viii) Current mailing address: \_\_\_\_\_
- ix) Mobile telephone number: \_\_\_\_\_ x) Alternate mobile telephone number: \_\_\_\_\_
- xi) Disabilities: Physically challenged ☐ Visually challenged ☐  
 Other (specify)
- xii) **Mean grade** achieved in the preceding academic year or KSCE Mean grade and points in case one is a first year: \_\_\_\_\_
- xiii) Co-curricular activity(ies) in the University

## PART B: PARENTS DETAILS

**Family category** (tick the category that describes your family)

Orphaned ☐ single parent/guardian/spons ☐ more than one parent /guardia ☐

1. FATHER	2. MOTHER
a) Father Alive <input type="checkbox"/> Deceased <input type="checkbox"/>	a) Mother Alive <input type="checkbox"/> Deceased <input type="checkbox"/>
b) If deceased, provide the date of death; <b>(Attach death certificate if available)</b>	b) If deceased, provide the date of death; <b>(Attach death certificate if available)</b>
c) If alive give his age; _____	d) If alive give her age; _____
d) Name: _____ ID/No. _____	e) Name: _____ ID/No. _____
e) Occupation: _____	f) Occupation; _____
f) Name and address of employer (s)	g) Name and address of employer(s) _____
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: _____



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### PART C: GUARDIAN/SPONSOR DETAILS

a) Name: _____	b) Mobile telephone number: _____
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 12 months

ITEM	FATHER	MOTHER	GUARDIAN/ SPONSOR	SELF	TOTAL (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					
<b>TOTAL</b>					

#### (b) Other sources of income in the last 12 months

ITEM	TOTAL (KSHS)
HELB	
County	
CDF	
Fund Raising	
Donations	
Any other (state Name)	
<b>GRAND TOTAL</b>	

#### (c) Fee payment at MUT

- (i) Current payable fees/semester: Kshs \_\_\_\_\_ Current  
average expenditure/semester: Kshs \_\_\_\_\_
- (ii) Current fee balance: Kshs \_\_\_\_\_

DEAN OF STUDENTS  
MURANG'A UNIVERSITY OF TECHNOLOGY  
**26 JUL 2024**  
P. O. Box 75-10200, MURANG'A  
TEL: 0771463515, Email: deanofstudents@mut.ac.ke



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**(c) 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.			
<b>TOTAL</b>			

Number and age(s) of siblings not in school \_\_\_\_\_

**PART E: ELIGIBILITY FOR WORK STUDY**

Please explain why you consider yourself eligible for MUT work study and why you should be considered for an award:

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**PART F: REFEREE STATEMENTS:**

Please provide the names and contact details of **two (2)** referees who know you well and can provide an honest and comprehensive reference regarding your financial situation. **One of the referees should be a member of the provincial administration e.g. a chief, the other one a priest or Kadhi and/or a lawyer.** It is your responsibility to ask them to forward their support and comments to the Students' Welfare Committee through the Office of the Dean of Students before you submit this form.

**Referee details (Name, Phone, E-mail address):**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

**PART G: DECLARATION**

I \_\_\_\_\_ 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 changes to my enrolment status, academic standing or found to have committed a disciplinary offense.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

(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. 0771463515/077137082)



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**Office Use Only**

Receiving officer: \_\_\_\_\_

Date and stamp: \_\_\_\_\_

**Recommendation work study of the Committee**

a) Recommended for Work study: \_\_\_\_\_ b) Not Recommended Work study \_\_\_\_\_

Work study Amount awarded (where applicable) (Kshs) \_\_\_\_\_

Signature: \_\_\_\_\_

Date and stamp: \_\_\_\_\_

Chairman Students Work study Committee



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