



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
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** and/or a **lawyer**. The statements should be in sealed envelopes and submitted to the **Dean of Students** 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.

DEAN OF STUDENTS
MURANG'A UNIVERSITY OF TECHNOLOGY
22 JUL 2025
 P. O. Box 75-10200, MURANG'A
 TEL: 0771463515, Email: deanofstudents@mut.ac.ke

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)**
- vi) 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/sponsor ☐ more than one parent /guardian ☐

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; <i>(Attach death certificate if available)</i>	b) If deceased, provide the date of death; <i>(Attach death certificate if available)</i>
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					
TOTAL					

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

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

(c) Fee payment at MUT

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

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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.			
TOTAL			

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:

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)



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) _____

Chairman Students Work study Committee

Signature: _____

Date and stamp: _____

