



MASENO UNIVERSITY  
DIRECTORATE OF STUDENT AFFAIRS

**Internal Memo**

**From:** Directorate of Student Affairs      **Date:** 6<sup>th</sup> February, 2024

**To:** ALL STUDENTS      **Ref:** MSU/DSA/WP/15

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**RE: APPLICATION FOR WORKSTUDY FOR 2023/2024  
ACADEMIC YEAR.**

Applications for Work-study programme are invited from **deserving needy students** of this University. The students should be currently in session.

Applicants **MUST** meet the following criteria:-

1. Be a registered student of Maseno University
2. Be of good conduct/character.
3. Be of good academic record.

**NOTE:**

- ❖ **Needy orphans/partial orphans and Students living with Disability are encouraged to apply**
- ❖ **Providing deliberate false information and forgery will lead to automatic disqualification and disciplinary action by the University.**

Application forms are available online on the University Website. Forms filled should reach the Directorate of Student Affairs not later than **Friday 9<sup>th</sup> February, 2024 at 4:00pm.**

  
**Prof. Peter Oracha**  
**Director Students Affairs**

Copy to:	Vice Chancellor	Finance Officer
	Deputy Vice Chancellor ASA	Deputy Director, SA
	Deputy Vice Chancellor A F&D	Registrar, ASA
	SOMU	NOTICE BOARDS

MASENO UNIVERSITY  
 DIRECTOR, STUDENTS AFFAIRS  
 6/2/2024  
 PRIVATE BAG MASENO





**MASENO UNIVERSITY**  
**DIRECTORATE OF STUDENT AFFAIRS**

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**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 and  
Keep Social Distance***