

APPENDIX 1: CRITERIA FOR SELECTION OF NEEDY STUDENTS

APPLICATION FORM FOR STUDENT WORK-STUDY AND MENTORSHIP PROGRAMME

Instruction: This form must be comprehensively filled

PART I: Applicant's Details

Name: _____ Admission No.: _____
ID. /Passport No.: _____ Programme: _____
Year of Study: _____ School: _____
Mobile Phone No. _____ Serial No: **JOUST/AA/DOS/WSMP/**_____/20____

(Attach a copy of each of the following: student ID, National ID)

PART 2: Applicant's academic performance

a) If a new entrant: State KCSE Mean Grade/Mark _____

(Attach a copy of KCSE result slip/certificate)

b) If a continuing student: State your current Academic Mean Grade: _____

(Attach a copy of University provisional result slip/transcript)

c) Endorsement by the Dean of Students

Name: _____ Sign: _____

Date: _____ (Official stamp)

PART 3: Applicant's fees Status

Total fees amount for the current academic year: **KES.**_____

Total amount of fees paid: **KES.**_____ Fees balance owed to JOUST: KES. _____

(Attach a copy of valid University fees statement)

PART 4: Sponsorship Information

Are you a recipient of *(Tick appropriately)*:

i) HELB Loan: YES NO

If yes, state amount of funds received: KES. _____

ii) Sponsorship from CDF: YES NO

If yes, state amount of funds received: KES. _____

iii) Funds from other Organizations: YES NO

If yes, indicate Name of the Organization: _____

Amount of funds received from the Organization: KES _____

Have you ever been a beneficiary of Work-Study and Mentorship Programme? (Tick appropriately):

YES

NO

PART 5: Applicant Family Details

i) Father's full Names: _____

State if father is ALIVE. YES NO If NO, state date, month and year of death _____ If alive, state occupation _____
Phone _____

(If Deceased, Attach a copy of Death Certificate or an official notification from your area chief)

ii) Mother's full Names: _____

State if mother is ALIVE. YES NO If NO, state date, month and year of death _____ If alive, state occupation _____
Phone _____

(If Deceased, Attach a copy of Death Certificate or an official notification from your area chief)

iii) State your birth position in your family (e.g. first born): _____

Names of Siblings	Indicate the School/College/University they are attending	Who sponsors?

PART 6: Applicant's Residence (in the last 6months) – (tick appropriately)

a) Living with parents? YES NO

b) Living with guardian? YES NO

If YES in part (b), state Guardian(s)'s Names: _____
 Phone _____

Guardian's Employment/Profession: _____

c) Is student sole household head? YES NO

PART 7: Applicant's Residence in the University

a) University resident? YES NO

b) State the name of Hostel/Estate/Village: _____

PART 8: I would wish my Work-Study and Mentorship Programme proceeds go into my:

Fees payment Payment for Meals Subsistence

Any other relevant information that would help the panel consider your application:

PART 8: DECLARATION:

I _____ declare that the information I have provided herein is precise, correct and honest. Any false information given will lead to my automatic disqualification.

Signature: _____ Date: _____

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FOR OFFICIAL USE ONLY

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APPENDIX 2: RECOMMENDATION

Recommended: **YES** **NO**

COMMENT: _____

SIGN _____

DATE & STAMP: _____

CHAIRPERSON, WSMP COMMITTEE