

WORK STUDY APPLICATION FORM 2025/2026**Deadline for returning form 25/8/2025****1.0 Personal Information****(it is important to attach support documents)**

Name _____

Sex

☐ M☐ F

Registration NO. _____

School _____

Year of study _____

County _____ District _____

Location _____

2.0 Family Information

2.1 Indicate whether parents are living (Tick appropriately)

Both parent are alive

☐

Guardian

☐

Both parents are deceased

☐

Sponsor

☐

One parent is deceased

☐2.2 Any other important information (attach any relevant document) relating
to family/guardian/sponsor**2.3 Family Income**

Fathers Name _____

Source of income (occupation) _____

Gross Income Per Month _____

Mothers Name _____

Source of Income (occupation) _____

Gross Income per month _____

Total family income per month _____

3.0 Have you received previous assistance to help pay school fees ? (tick appropriately)

Yes

☐

HELB

☐

CDF

☐

No

☐

Give details (Amount)

4.0 Comments by the home area Chief / Priest

Signed _____ Stamp _____ Date: _____

5.0 Departmental Information (to be filled and stamped by the COD)

5.1 Student level of class performance (tick appropriately)

		Comments from Department
Above average	<input type="checkbox"/>	_____
Average	<input type="checkbox"/>	_____
Below average	<input type="checkbox"/>	_____

5.2 Student level of need (tick appropriately)

		Comments from Department
Very needy	<input type="checkbox"/>	_____
Needy	<input type="checkbox"/>	_____
Not needy	<input type="checkbox"/>	_____

Signed and stamped _____ Date _____
(COD)

6.0 Over All Assessment By The Office Of The Dean Of Students

6.1 Assessed level of need (Tick appropriately)

Very needy	<input type="checkbox"/>
Needy	<input type="checkbox"/>
Not needy	<input type="checkbox"/>

Interview mark _____ %

6.2 Recommendations

Signed and stamped _____ Date: _____
Dean of Students