



**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY**

Office of the Dean of Students

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WORK STUDY APPLICATION FORM

A. PERSONAL DETAILS

Surname.....First name.....Other Names.....

Gender.....Date of birth (dd/mm/yyyy).....

Registration Number.....Department.....

Degree Course being pursued..... (write in full)

Academic year.....SemesterLevel of study.....

Enrolment Status (Tick one that apply)

- a) Continuing (In session)(long vacation).....
- b) On Industrial attachment.....
- c) Academic Leave
- d) Discontinued.....
- e) Deregistered.....

Sponsor.....Government SponsoredSSP

Cell phone Number.....

E mail address(JKUAT STUDENT EMAIL ADDRESS ONLY).....



B. FAMILY BACKGROUND

- i. Are your parent(s) alive.....Deceased(attach supporting documents).....
- ii. Are you from a single family? Tick where applicable
- iii. No.....Yes..... (Tick where applicable)
Deceased..... Separated..... Never Married..... Deserted.....
- iv. If both parents are Deceased who has been paying your school fees(Specify)
- v. Any other relevant information

C Family income

Occupation of the parent(s)

Tick where applicable

- a) Father EmployedSelf employed.....others(Specify).....
- b) Mother EmployedSelf employed.....others(Specify).....
- c) Guardian EmployedSelf employed.....others(Specify).....
- d) Any other source of income for the family.....

	Source of Income	Average Monthly Income(KShs)
1	Farm Produce	
2	Commercial Buildings	
3	Family Business	
4	Other(Specify)	

- e) Average family income per month.....



f) Siblings in secondary and post secondary institution(List all of them and state the name of the college/school and fees payable to the institution)

	Name of the Sibling	Name of the College/School	Amount of fees payable P.A(Kshs)
1			
2			
3			
4			
5			

g) Indicate your birth position in the family.....

D FINANCIAL BACKGROUND

Who sponsored your High School Education (Tick where applicable) Parent(s)..... others (specify).....

Are you on other sponsorship for your University Education?.....

If yes. (State amount currently receiving)

HELB.....

CDF.....

Any other (specify).....

E. WORK STUDY INFORMATION

Have you ever participated in the work study programme before?

NO.....

YES

Please indicate the most recent semester worked.....

Name the department that you worked.....

Briefly explain the reasons why you need to be included in the work study programme

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Indicate the department you prefer to do your work-study if there is a vacancy.....

Indicate/ specify in the table given the days and hours of the week that you are likely to be available to work(Hours Worked per day should not be more than five and should be between 8.00am-1.00pm and 2.00pm-5.00pm)

Days	Hours available to work	
	FROM	TO
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

H. DECLARATION (APPLICANT)

I hereby certify that all the information provided on this form or any material attached in support thereof are true, correct and complete to the best of my knowledge and that all the information required has been disclosed accordingly. I understand that falsifying information may be punishable by law. Submission of this form does not guarantee that my application will be approved under the work-study program.

Relevant documents in support of my application are attached.

Name.....

Signed:.....

Date.....



G. FOR OFFICIAL USE ONLY

I recommend/do not recommend the applicant to be included for work study

Name.....

DesignationSignature and date.....

H. THE DEPARTMENT THE STUDENT IS PLACED

I recommend/do not recommend the applicant to be placed in the department indicated.

Name.....

DesignationSignature and date.....

Name of the departmentStart Date(dd/mm/yyyy).....

End date(dd/mm/yyyy).....

