**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: **J*OOUST/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 JOOUST: KES. \_\_\_\_\_\_\_

*(Attach a copy of valid University fees statement)*

**PART 4: Sponsorship Information**

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

* 1. HELB Loan: YES NO

If yes, state amount of funds received: KES. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Sponsorship from CDF: YES NO

If yes, state amount of funds received: KES. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**