

WORK STUDY APPLICATION FORM**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 area Chief / Priest (preferably from home)

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

