

WORK STUDY APPLICATION FORM 2026/2027
Deadline for returning form 11/09/2026

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 parents are alive Guardian

Both parents are deceased Sponsor

One parent is deceased Single parent

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 Other No

Give Amount received (Evidence and details)

Student's Signature _____ Date _____

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

Academic Performance %

Comments from Department

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

Needy

Not needy

Interview mark _____ %

6.2 Recommendations

Signed and stamped _____ Date: _____
Dean of Students

