Application for  

**Student Assistant Program**

Name ____________________________________________  Admission Number ________________

**Application Guidelines**

The Student Assistant Program is a partial scholarship designed to give students with demonstrated financial need an opportunity to meet their educational expenses. Student’s assistant may be placed in the library, helpdesks, computer labs and any other units offering student services.

**Eligibility**

1) Students who are unable to meet their tuition costs.
2) Students on partial scholarships who are unable to meet their percentage.
3) Students on loan who would wish to start early loan repayment.

In addition, you must:

a) Be 18 years of age and above.
b) Be a current student and have studied at Strathmore for a period of not less than one semester.
c) Have a grade B and above or its equivalent in your course to date.
d) Be in satisfactory academic standing - no pending units (repeats and retakes).
e) Have demonstrated financial need.
f) Be willing to abide by all the conditions of the work study program.
g) Be available to work for the duration of at least one complete semester.
h) Fill in the work study application form and attach the required documents.
i) **Applicants must be recommended by their faculties/schools.**

The application form **must** be returned together with:

(i) An application letter
(ii) A curriculum vitae
(iii) A copy of your transcripts
(iv) A copy of your National ID
(v) A copy of Pin no.

*The Higher Education Loans Board awards various amounts of loans to university students with demonstrated financial need. Strathmore students are encouraged to apply for a HELB loan through [www.helb.go.ke](http://www.helb.go.ke) and submit a copy of the HELB application form to the Financial Aid Office.*
Application for 
Work Study Form

STUDENT’S INFORMATION
Surname: ___________________ Other Name: ________________________
National ID No: ______________ PIN No: ______________ Admission No: ______________
Mobile Number: ______________ SU Email Address: ________________________
Alternative Email ____________________________________________________________
Postal Address: ___________________ Code: ______________ Town: ______________
Course: ___________________ Year: ______________ Semester: ______________ Major: ________________________
Mode of study: [ ] Fulltime [ ] Evening Course

PARENTS’ INFORMATION

<table>
<thead>
<tr>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pin No:</td>
<td>Pin No:</td>
</tr>
<tr>
<td>Is your father alive? Yes: [ ] No: [ ]</td>
<td>Is your mother alive? Yes: [ ] No: [ ]</td>
</tr>
<tr>
<td>If no, give date of death: ______________</td>
<td>If no, give date of death: ______________</td>
</tr>
<tr>
<td>Attach certified copy of death certificate</td>
<td>Attach certified copy of death certificate</td>
</tr>
<tr>
<td>How old is your father?</td>
<td>How old is your mother?</td>
</tr>
<tr>
<td>Name of employer:</td>
<td>Name of employer:</td>
</tr>
<tr>
<td>Address of employer:</td>
<td>Address of employer:</td>
</tr>
<tr>
<td>If retired give name and address of last employer.</td>
<td>If retired give name and address of last employer.</td>
</tr>
<tr>
<td>Year of retirement:</td>
<td>Year of retirement:</td>
</tr>
</tbody>
</table>

GUARDIAN’S INFORMATION

Name: ____________________________________________
Postal Address: ___________________ Code: ______________ Town: ______________
Email Address: ___________________ Mobile Number: ______________
Occupation: ______________________________________
Employer Name: ___________________ Address: ______________________
Relationship to Applicant: ________________________________________
Application for Student Assistant Program

Family Income

<table>
<thead>
<tr>
<th></th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Farm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

siblings Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School/Employer</th>
<th>Fees PA</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Person who may be contacted in case of an emergency

Name: _____________________________________________________________________________________
Postal Address: _________________________ Code: ___________________ Town: __________________________
Email Address: _________________________ Mobile Number: ___________________________
Relationship to Applicant: _____________________________________________________________________

If false information is given, this will automatically lead to disqualification.

Applicant’s Signature: ______________________________ Date of application: __________________________

School/Faculty

Recommended ☐ Not Recommended ☐

Comment:
_______________________________________________________________________________________

Signature ___________________________ Date ___________________________
Application for Student Assistant Program

FOR OFFICIAL USE ONLY:

Financial Aid Office

Documents submitted
- Application form duly filled and signed
- An application letter
- A copy of transcripts
- A copy of National ID
- A copy of PIN
- Curriculum vitae

Recommended [ ]  Not Recommended [ ]

Signature ______________________________ Date ______________________________

If not recommended, give reason(s):

- Lack of supporting documents
- No demonstrated need
- Unavailability of student assistant opportunity
- Average grade is below the requirement
- Other

Department

Consider for:  Fulltime [ ]  Do not Consider [ ]
Part-time [ ]

Comment(s) ______________________________________________________________

______________________________________________________________

Signature ______________________________ Date ______________________________