

DEAN OF STUDENT AFFAIRS INTERNAL MEMO

FROM: DEAN OF STUDENTS

REF: ZU/17/MEMO/Vol.1/6

TO: ALL STUDENTS

28TH MARCH, 2025

SUBJECT: WORK STUDY PROGRAMME

This is to inform students interested in the Work Study Programme for the May – August Semester, 2025 to submit their application forms by <u>Friday 2nd May 2025, 4.00 pm.</u>
The Work-Study Programme is a Student Welfare Programme that assists bright and needy students to raise their fees as they work in the university and attend lectures.

Requirements:

- Must be an active, full-time student, in the May-August 2025 Semester
- Must provide evidence of financial difficulty by submitting all Fees statements
- Must have Completed one semester
- Must have a grade B in your latest semester results
- Must not have pending units, repeats, or fails.
- Must not have violated the rules and regulations governing student conduct at the University or any laws of Kenya.
- Must abide by the conditions of the work-study program.
- Must be available to work for at least one complete semester.
- Must be recommended by the respective Head of Department
- Must provide statements from two referees who know their financial situation well. One of the referees should be a member of the National Government administration e.g the local chief or a priest or Kadhi or your former high school principal. The statements should be in sealed envelopes and addressed to the Dean of Students with applicant's Full Name
- Evidence of having participated in a Co-curricular activity is an added advantage

NOTE:

A duly filled application form accompanied by a cover letter and all the required attachments should be submitted in person to the office of career services or the Dean of Students office. Application forms can be downloaded on https://ocs.zetech.ac.ke/Ocs/resources_view or picked from the office of career services, Ruiru Campus, Ground Floor.

Thank you

ZETECH UNIVERSITY DEAN OF STUDENT AFFAIRS

Elizabeth Muhia 2 MAR 2007

Dean of Student Affairs

P. O. Box 2768 - 00200, NAIROBI

Ruiru Campus Off Thika Road - Ruiru P.O. Box 2768 00200, Nairobi. Technology Park - Mang'u Campus, Off Thika Road Email: info@zetech.ac.ke Nairobi City Campus - Pioneer Building, Moi Avenue Mobile: 0719034500

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STUDENT WORK-STUDY PROGRAMME APPLICATION FORM	Reference	F-37-11
	issue/Rev.	1/1

Instruction: This form must be comprehensively filled.

		ant's Details				
Name: _				_Admission No.:		
National ID. /Passport No.:		Course				
Year & Semester of Study:				Department:		
Mobile Phone No		Alternative Phone				
(Attach	а сору	of each of the	e following: stu	ıdent ID, National II	0)	
a) State	your g	rade as stated	c performance d on your lates latest result sli	t result slip:		
The total	l seme ime: K	ES.	which you are	e applying for the w		
			ersity Fee state			
PART 4: S	Spons	orship Informa	ation			
Are you a	a recip	ient of (Tick a	ppropriately)?			
	i)	HELB Loan:	YES	NO		
	If yes	, state amoun	t of funds rece	ived: KES		
	ii)	Sponsorship	from CDF:	YES NO		
	If yes	, state amoun	t of funds rece	ived: KES		
×	iii)	Funds from	other Organiza	ations: YES	NO	
	If yes	indicate Nam	ne of the Orga	nization:		
	Amou	unt of funds re	ceived from th	ne Organization: KES	5	
Have you	ever b	oeen a benefic	iary of the Wo	rk-Study? (Tick app	ropriately):	
YE	S			NO [
PART 5: A	Applica	nt Family Det	ails			

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OFFICE OF 62-2025 SERVICES
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i) Father's	full Name:				
State if fat	her is ALIVE. YES	NO			
Mobile Pho	one No. (Where appli	cable)		,	
	ress (where applicab				
		-		notification from your	
area chief)					
*			8		
ii) Mother's	s full Names:				
	other is ALIVE. YES				
	one No				
	ress (if applicable)				
		eath Certificate or	an omciai	notification from your	
area chief)					
iii) State vo	our hirth position in w	our family lea firs	t horn)	*	
iii) State ye	out birdir position in y	our farmly (e.g., me			
Names of	Siblings	Indicate the		Who pays the school	
Names of	Sibilitigs	School/College/L	Iniversity	fee?	
		they are attendir	_		
	p				
9	* : 8			%	
	mily Income		Annual G	ross Income	
			, initial of each free free		
Father					
Mother					
Guardian					
Self					
				8	
PART 7: App	plicant's Residence (v	vhile at the univers	sity) – (<i>tick</i>	appropriately)	
	,				
a) Living wi	th parents? YES	NO L			
Authorised or	8-04-2025 SERVICES	OCS-F-37-11		Page 2 of 4	
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If yes, specify the place of residence
b) Living with guardian? YES NO
If yes, specify the place of residence
If YES in part (b), state Guardian(s) relationship to student (e.g., uncle, aunt brother, sister etc)
Name Mobile Phone No
c) Residing in the hostels/rented apartments YES NO
If yes, give details of the hostel/rented residence
c) Is the student the sole household head? YES NO
PART 8: Any other relevant information that would help the panel consider your application:
PART 9: 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:
CONSENT EDOM ADDITIONITY

I hereby authorize Zetech University to record and use my name, phone number and email address, academic documents, for admissions purposes to the University Work Study Program. I also give Zetech University permission to discuss my standing with regard to any aspect of my student life including academic, financial, disciplinary, and student life with my parents, guardian and/or principal financial supporters. This permission is given to facilitate Zetech University process my admission to the work study program. This permission includes communication by regular mail, email, telephone, text and in person. I intend and understand that this permission is granted for the duration of my enrollment or desired enrollment in undertaking work study program.

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I agree to Zetech University processing personal data contained in this form or other data which the University may obtain from other people. I agree to the processing of such data for any purposes connected with my admissions to the Work study program or for any legitimate reason. In addition, I agree to Zetech University processing personal data described as sensitive, such processing to be undertaken for any purposes as indicated in the declaration above.

Student Name	1.		
Admission No			
Date	185		
Signature			
FOR OFFICIAL USE ONLY	* ,		
			-
Recommendation			
Recommended: Yes	No		
Comment:		х	
Sign	Date & Stamp: _		
Chairperson			
Work Study programme Comm	nittee		

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