

Instruction: This form must be comprehensively filled.

PART I: App	olicant's Details	
Name:		Admission No.:
National ID	), /Passport No.:	Course
		Department:
	one No	
(Attach a c	opy of each of the fo	llowing: student ID, National ID)
	eBereale erralemetere	
	plicant's academic p	
		n your latest result slip:
(Attach a c	copy of university late	est result slip)
DADT 3. An	plicant's fees Status	•
		nich you are applying for the work-study
Total amou	unt of fee paid: KES	Fee balance: KES
(Attach a	copy of valid Universi	ty Fee statement)
PART 4: Sp	onsorship Informatio	חס
Are you a r	ecipient of (Tick app	ropriately)?
ij	) HELB Loan: Yi	ES NO
1	f yes, state amount o	f funds received: KES
i	i) Sponsorship fro	om CDF: YES NO
ľ	f yes, state amount o	f funds received: KES
i	ii) Funds from oth	ner Organizations: YES NO
ľ	fyes, indicate Name	of the Organization:
A	amount of funds rece	ived from the Organization: KES
Have you e	ever been a beneficia	ry of the Work-Study? (Tick appropriately):
YES		NO
PART 5: Ap	plicant Family Detail	S

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Page 1 of 4

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i) Father's	full Name:			
State if fat	ner is ALIVE. YES	NO		
	one No. (Where applicables of the contract of	-1		notification from your
ii) Mother's	s full Names:	· · · · · · · · · · · · · · · · · · ·	- N	
Mobile Pho				notification from your
iii) State yo	our birth position in y	our family (e.g., firs	st born):	
Names of	Siblings	Indicate the School/College/U they are attendi		Who pays the school fee?
Land March Control of the Control of		7-80		
	Consideration of the Constitution of the Const			The first interpretation of the control of the cont
		100000000000000000000000000000000000000		
PART 6: Fa	mily Income Occupation		Annual C	Gross Income
F 11				
Father Mother	The state of the s	Carlotte Car	8.33 6.35	
Guardian	A STATE OF THE STA	All the second s		
Self	A Company of the Comp	The contract of the state of th		
3011			of the constraint and the	The second secon
a) Living w	plicant's Residence (vith parents? YES	□ NO □	rs <b>ity) – (<i>ticl</i> </b> ]	k appropriately)
	ify the place of reside ith guardian? YES	ence		Paralleles (Inc.)
b) Living W	in guardian: 123			
ZETECH With 6 lise of 101	UNIVERSITY REER SERVICES	OCS-F-37-11	·	Page 2 of 4
08.	APR 2025			
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If yes, specify the place of	residence
If YES in part (b), state brother, sister etc)	Guardian(s) relationship to student (e.g., uncle, aunt,
Name	Mobile Phone No
c) Residing in the hostels	/rented apartments YES NO
If yes, give details of the h	nostel/rented residence
c) Is the student the sole	household head? YES NO nt information that would help the panel consider your
application:	
PART 9: DECLARATION:	declare that the
information I have prov information given will lea	ided herein is precise, correct and honest. Any false d to my automatic disqualification.
Signature:	Date:
	그 그 그렇게 그는 이번 사람들이 하는 사람들이 없었다.

## CONSENT FROM APPLICANT:

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.

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

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Page 3 of 4



University processing personal data described as sensitive, such processing to be undertaken for any purposes as indicated in the declaration above.

Student Name		alakana okupun 1918 men			
Admission No			the three discourse		
Date			and the state of t		
Signature	and the said Book of the said		a Maria di Salata Maria di Salata		
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FOR OFFICIAL USI	ONLY				
Recommendation	•				
Recommended:	Yes		No		
Comment:				Mary Spaces	
Sign		Date	e & Stamp: _	n white man	
Chairperson			•		
Work Study progr	amme Co	ommittee			



Page 4 of 4