



**MASENO UNIVERSITY**  
**DIRECTORATE OF STUDENT AFFAIRS**

**Internal Memo**

**From:** Director Student Affairs

**Date:** 18<sup>th</sup> January 2024

**To:** ALL STUDENTS

**Ref:** MSU/DSA/RAT/16

**RE: APPLICATION FOR RATTANSI BURSARY FOR 2023/2024 ACADEMIC YEAR**

Applications for Rattansi Bursary are invited from **deserving needy students** of this University. The students should be currently in session.

Applicants **MUST** meet the following criteria:-

- Be a registered student of Maseno University
- Be of good conduct and character
- Be of good academic record
- Must not be on any Scholarship
- Attach relevant supporting documents (where applicable)

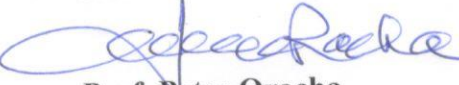
Please, indicate your County of origin and any other assistance/support you are currently receiving from other organizations e.g. Ministry, HELB, CDF etc.

**Note:** *Providing false information and forgery will lead to automatic disqualification and disciplinary action by the University.*

**Needy students, Orphans and students living with disabilities are encouraged to apply.**

Application forms are available online on the University Website. Duly filled forms should be submitted at the various schools not later than **Friday 26<sup>th</sup> January 2024, at 4:00pm**. **Applicants in Kisumu Campus and Odera Akang'o Campus are advised to deliver their forms at the offices of their respective Directors by the said date and time.**

**NB: Ensure to sign the control sheet upon submission of the application form.**

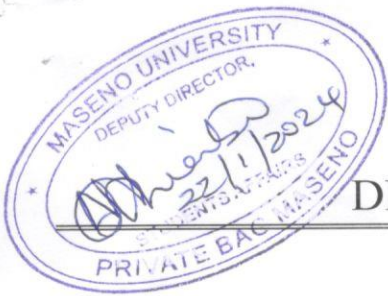
  
**Prof. Peter Oracha**  
Director, SA

Copies to: Vice - Chancellor  
Deputy Vice Chancellor, ASA  
Deputy Vice Chancellor, AF&D  
Finance Officer  
Dean of Schools



Deputy Director, SA  
Registrar, ASA  
NOTICE BOARDS  
SOMU

**Keep safe: Wear your mask properly, wash your hands with water and soap or sanitize and Keep Social Distance**



MASENO UNIVERSITY  
DIRECTORATE OF STUDENT AFFAIRS

RATTANSI BURSARY APPLICATION FORM

PERSONAL INFORMATION:

NAME: \_\_\_\_\_ REG. NO. \_\_\_\_\_  
CELL PHONE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
YEAR OF STUDY: \_\_\_\_\_ DEPT. \_\_\_\_\_  
DEGREE PROGRAMME: \_\_\_\_\_  
CONSTITUENCY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

FAMILY STATUS: (tick where applicable and attach relevant documents)

- 1: ORPHAN: (Attach proof) \_\_\_\_\_
- 2: LIVING WITH DISABILITY: \_\_\_\_\_
- 3: NATURE OF DISABILITY :( Attach proof) \_\_\_\_\_
- 3: SINGLE PARENT: \_\_\_\_\_
- 4: UNEMPLOYED PARENTS: \_\_\_\_\_
- 5: OTHERS (Specify): \_\_\_\_\_

DETAILS OF LOANS AND BURSARIES: (indicate clearly, type and amount)

- 1: LOAN \_\_\_\_\_ AWARDING ORG. \_\_\_\_\_ (KSHS) \_\_\_\_\_
- 2: BURSARIES \_\_\_\_\_ AWARDING ORG. \_\_\_\_\_ (KSHS) \_\_\_\_\_
- 3: OTHERS (Specify) \_\_\_\_\_

ACADEMIC PROGRESS

Previous academic year average grade \_\_\_\_\_  
(Attach certified result slip by Dean of school)



**FOR OFFICIAL USE ONLY**

**FINANCE DEPARTMENT**

Fees balance \_\_\_\_\_

Does the applicant benefit from any sponsorship? (tick appropriately) Yes \_\_\_\_\_ No \_\_\_\_\_

Name of officer \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: - Incomplete form will not be processed**  
**- False information will lead to disqualification and a disciplinary action**

***Keep safe: Wear your mask properly, wash your hands with water and soap or sanitize and  
Keep Social Distance***

