Kotice:We recommend that you apply and complete your file as early as possible to receive CAMP aid. If you have any questions, please contact the CAMP Office using the information at the bottom of the page. Please note you must also complete the steps to become a Mendocino College Student and to apply for financial aid listed on page 2. CAMP staff will follow up with you regarding those steps if you are accepted to the program.CAMP Current Application Filing Date: January 31, 2018. The sooner, the better!				
Application Process Check List				
(Keep for your records)				
Applicant must complete all items in this application before being selec				
Ch	eck off			
1. Personal data form & background questionnaire (pages 3 & 4)				
2. Autobiographical Essay (instructions on page 5)				
3. CAMP Letters of Recommendation OR forms (pg. 7/8) #1 • #2 •				
4. High School Transcript • OR HSE Certificate •				
5. <u>Signed CAMP Eligibility Form (page 6</u>)				
6 <u>Copy of U.S. Birth Certificate</u> OR Signed copy of Student's Residency Card (Front & Back)				
7. <u>Copy of School OR CA ID</u>				
8. <u>Signed copy of Student's Social Security Card</u>				
<u>Please mail items to:</u>				
COLLEGE ASSISTANCE MIGRANT PROGRAM				
Mendocino College 1000 Hensley Creek Rd Ukiah, CA 95482				
If you have any questions or need assistance, please contact the CAMP F Phone: 707-467-1026 Email: camp@mendocino.edu Text: 707-671-5862 Fax: 707-468-3212	Program:			

How to Become A Mendocino College Student *To apply visit: http://www.mendocino.edu/admissions*

Step 1 - Submit an Application for Admission

Step 2 - Complete a New Student Orientation

Step 3 - Take Assessment Tests & Submit Transcripts

Step 4 - Meet with a Counselor (meet with the CAMP counselor if accepted to the program)

Step 5 - Register for Classes and Pay Fees (CAMP provides support if accepted to the program)

<u>Step 6 - Buy Books & Supplies</u> (CAMP provides support if accepted to the program)

Step 7 - Check Out Additional Resources



How to Apply for Financial Aid

To apply visit:

http://www.mendocino.edu/student-services/financial-aid/apply-financial-aid

Step 1: Submit the Free Application for Federal Student Aid (FAFSA)

Students must file a FAFSA every year to determine their eligibility for financial aid. The application is available every October 31st. It is recommended that students file the FAFSA prior to the March 2nd priority date in order to be considered for Cal Grants. The FAFSA can be completed by visiting www.fafsa.ed.gov

(Mendocino College's school code is 011672)

Step 2: Submit Requested Documentation to the Financial Aid Office

Once the FAFSA has been submitted, Mendocino College will receive the student's information for processing. If additional information is needed to process the file, the Financial Aid Office will use Web Advisor to notify students.

Step 3: Review Financial Aid Awards

After a student's financial aid file is processed and completed, the awarding of eligible financial aid begins. Financial aid awards are based on the student's eligibility for each particular aid program. Financial aid awards can be reviewed by visiting Web Advisor.

Step 4: Apply for <u>Scholarships</u>

Students should visit <u>www.mendocino.edu</u> to review the information available on scholarships. An application needs to be completed to be considered. Close attention must be paid to application requirements and deadlines.

Step 5: Review Other Financial Aid Programs

Students are encouraged to visit <u>www.mendocino.edu</u> and review information on available financial aid programs. There are multiple programs to help students fund their education. (Ex: BOG Fee Waiver, EOPS, CAMP, Chafee Grant, etc.)

Step 6: Receive Financial Aid

Based on a student's eligibility, the first financial aid disbursements begin the first week of classes. A student must be enrolled, awarded and be meeting financial aid eligibility requirements to receive financial aid for the semester.

COLLEGE ASSSISTANCE MIGRANT PROGRAM Mendocino College Personal Data Form

Please answer all questions or indicate "N/A" if not applicable. All information collected will be confidential and will only be used to determine CAMP eligibility.

1.Name:Last	First	2. Birth Dat MI	te:
3. Address: PO Box/ Street	City	State	Zip
4. Home Phone: ()	Cell Phone Nu	mber: ()	
5. High School Attended:			
6. Graduation Date:	7. <mark>Hi</mark> gh	n School GPA:	
8. Citizenship Status: (Check one)			
8a. U.S. Citizen □ (Include c	opy of birth certific	cate)	
8b. Legal Resident 🗖 (Include c	opy of signed U.S.	Residency Card)	
9. Family Size: 10. 4	Approx. Family Ye	arly Income:	
11. Are you a first generation college stu	ıdent? YES □	NO 🗆	
12. How many members of your family h	ave or are <mark>currentl</mark>	y attending college	e :
13. How did you learn about CAMP?:			
Presentation D M	ligrant Ed 🗖	Website 🛛	Other \Box
14. Email Address:			
15. Alternate Email Address:			

BACKRGOUND QUESTIONNAIRE

Please do not leave any questions blank. Use black or blue ink.

1. List the names of siblings that have attended or are currently attending college/university.

2. Explain how your family is supporting you to attend college.

3. Please share any experiences you have had living away from home.

4. What is the length of time you have lived away from home?

5. Explain possible <u>family or health issues</u> that may arise while you attend school or live away from home.

6. Briefly discuss your need for the supp<mark>ort services offered by CAMP</mark>.

Mendocino College College Assistance Migrant Program

PERSONAL RESPONSE

Your responses to the following prompts are an integral part in determining your admission to the program. Please follow the instructions listed below carefully.

Please type a <u>1 paragraph</u> response to each of the following prompts:

•Please discuss your family background (How many family members? Where are they from? How your family supports you?). Include your or your parent (s)/immediate family member work history: what type of farm work you or your parent(s)/immediate family member have performed, how long, etc.

• Discuss what your high school educational experience has been like so far (obstacles, triumphs, etc.). How have these experiences influenced your academics and you as a student?

•What are your educational goals? What motivates you to pursue a higher education?

•How do you feel you would benefit from the CAMP program? Please add any other information about yourself or your family that you believe is important for the admissions committee to know.

(Please submit your <u>typed</u> responses on a separate page, <u>OR</u> if you are filling out an *online* application, please <u>type</u> your responses on the following 2 pages)

CAMP ELIGIBILITY
To be eligible to participate in the CAMP program at least one parent, self, or immediate family member
must be a <mark>seasonal or migrant farm worker OR the applicant must have participated in the Migrant</mark> <u>Education Program. "Seasonal Farm Worker</u> " means a person who, currently or within the last 24
months, was employed for at least 75 days in farm work, and whose primary employment was in work on a
temporary or seasonal basis (that is, not a constant year-round activity). "Migrant Farm Worker" means a
person whose employment requires travel that prevents him or her from returning to his or her home with-
in the sam <mark>e day. <u>In addition, yo</u>u must have a high school diploma, show financial need, and enroll full-time at Mendocino College.</mark>
<u>iun-time at Mendocino Conege</u> .
To determine seasonal/migrant farm worker status, you must answer all of the following questions:
14. I qualify as (check one):
Seasonal Farm Worker: 🗆 Migrant: 🗖 Migrant Education Program Participant 🗖
15. I meet the eligibility requirement based on <i>(if Migrant Education Program Participant, indicate "Self")</i> :
Father: Mother: Self: Immediate Family member:
Relation of Immediate Family member to applicant :
Family member who meets seasonal/migrant farmworker criteria <i>(if not a Migrant Education Program Par-ticipant)</i> :
Name: Phone #: ()
Address: PO Box/Street City State Zip Code
FO Box/ Street City State Zip Code
16. Name of <u>employer</u> for qualifying member listed in #15; as stated in W-2: (<i>if Migrant Education Pro-</i>
gram participant, indicate N/A) :
Employer address:
Employer address:
Number of worth a contraction contraction. Number of worth a contraction contraction
Number of months employed in 2015 : Number of months employed in 2016/2017 :
Type of work he/she performs. (Explain):
Type of work he/she performs. (Explain): 17. Certificate of Eligibility (COE)# (if Migrant Education Program Participant)
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CONFIDENTIAL RECOMMENDATION					
Student's <mark>Name:</mark>	High School:				
Address:	Ph. #: (_)	Birth D	ate://	,
Please take this form to a teacher, counselor, school administrator, or employer who knows you. Ask this person to complete the form.					
Name of Evaluator:		Position:			-
School/ Or <mark>ganization:</mark>		_Ph. # () _			_
Address:					_
College Assistance Migrant Program (CAMP) assists students who are migratory or seasonal farmworkers (or children of such workers) enrolled in their first year of undergraduate studies at a college. Services include counseling, tutoring, college skills workshops, financial aid stipends, health services, and housing assistance to eligible students during their first year of college. Please evaluate the applicant's potential for success in college relative to his/her peers, and please return to the applicant in a sealed envelope or mail/fax directly to the ad- dress below. Questions? Contact CAMP at 707-467-1026. Thank you ! College Assistance Migrant Program Mendocino College 1000 Hensley Creek Rd Ukiah, CA 95482 Fax: 707-468-3212					
How long have you known t PERSONAL CHARA		STRONG	AVERAGE	WEAK	1
ACADEMIC DETERMI					1
LEADERSHIP QUALIT					-
MOTIVATION					
MATURITY					
Highly recommend Recommend Do Not Recommend Additional Comments: (please feel free to send an attachment)					
Signature: Date:					

CONFIDENTIAL RECOMMENDATION						
Student's <mark>Name:</mark>	High School:					
Address:	Ph. #: (_)	Birth Da	.te://_		
Please take this form to a teacher, counselor, school administrator, or employer who knows you. Ask this person to complete the form.						
Name of Evaluator:		Position:		_		
School/ Or <mark>ganization:</mark>		_Ph. # ()				
Address:						
children of such workers) enrolled in their first year of undergraduate studies at a college. Services include counseling, tutoring, college skills workshops, financial aid stipends, health services, and housing assistance to eligible students during their first year of college. Please evaluate the applicant's potential for success in college relative to his/her peers, and please return to the applicant in a sealed envelope or mail/fax directly to the ad- dress below. Questions? Contact CAMP at 707-467-1026. Thank you ! College Assistance Migrant Program Mendocino College 1000 Hensley Creek Rd Ukiah, CA 95482 Fax: 707-468-3212						
How long have you known t PERSONAL CHAR					 1	
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LEADERSHIP QUALI					1	
MOTIVATION						
MATURITY						
Highly recommend Recommend Do Not Recommend Additional Comments: (please feel free to send an attachment)						
				_		
Signature: Date:						