College Assistance Migrant Program (CAMP) Application 2022.23

Submit/Mail Completed Application to: COLLEGE ASSISTANCE Migrant PROGRAM
Mendocino College
1000 Hensley Creek Rd
Ukiah, CA 95482

Email: camp@mendocino.edu

If you have any questions or need assistance, please contact the CAMP Program:
Phone: 707-467-1026
Text: 707-513-8306

Email: camp@mendocino.edu
Applicant must complete all items in this application before being selected:

1. CAMP Admission Application (pages 3 & 4)
2. Autobiographical Statement (pages 5 & 6)
3. Signed CAMP Eligibility Form (page 7)
   Migrant Education Program Verification
   Farm Worker Income Verification (75 days within 2 years)/ Pay Stubs or W2s

4. CAMP Letters of Recommendation OR forms (pages 8 & 9)
   Letters of Recommendation, addressing points from the CAMP Rec form can be emailed to us at camp@mendocino.edu Please add on subject line – Rec Letter NAME of Student

☐ This is to verify U.S. citizenship or Permanent Residency and high school graduation.

Notice: 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 Application priority filing date: Monday, May 16, 2022 (will accept until we reach the capacity)

CAMP Student Support Services
- CAMP welcome (July)
- A Summer Bridge Program (up to $200 stipend upon completion per class)
- CAMP College Survival and Career Exploration classes (CCS 119/100)
- Academic/Personal Counseling (CAMP counselor)
- Tutoring, Learning Center and MESA
- Mentoring (CAMP alumni Peer Mentors)
- Cultural/Academic Enrichment Activities
- University Visits
- Book Vouchers (up to $250 per semester)
- Financial Stipends ($100 - $500 per semester, dependent on financial need)
COLLEGE ASSISTANCE MIGRANT PROGRAM
Mendocino College
Admission Application

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.

SECTION 1: PERSONAL/DEMOGRAPHIC INFORMATION

Name: ____________________________________________________________
LAST NAME FIRST NAME MI

Address: __________________________________________________________
PO BOX/STREET CITY STATE ZIP CODE

Home Phone: (___) __________ Cell/Message Phone: (___) __________

Date of Birth: ___________________ E-mail: _________________________

Citizenship Status: (Check one)
U.S. Citizen [ ] Legal U.S. Resident [ ]

SECTION 2: INCOME

1. Are you receiving any of the following assistance?
☐ Federal Financial Aid ☐ California Promise Grant ☐ Completed FAFSA

I, ________________, authorize the Financial Aid office to share my FAFSA outcomes to the CAMP staff for the year I am applying to CAMP program. _____ (Initials here)

2. Do you work?  ☐ Yes  ☐ No

Employer Name: ________________________________________________


5. Are you a first generation college student?  YES [ ] NO [ ]

6. How many members of your family have or are currently attending college: ________

SECTION 3: EDUCATION

1. Name of high school(s) attended: ________________________________

2. High school graduation date: _______________ Accumulative GPA: ________________

3. Have you completed any college units: ☐ Yes  ☐ No  Units completed: _____________

4. Name of college/university attended: ________________________________
SECTION 4: EMERGENCY CONTACT

Please provide two contacts in case of emergency:

Name: ___________________________ Relationship: ___________________________

Cell Phone: _______________ Home Phone: ___________________________

Name: ___________________________ Relationship: ___________________________

Cell Phone: _______________ Home Phone: ___________________________

SECTION 5: SURVEY

1. How did you hear about the CAMP program? (check one)
   - ☐ Family member or friend
   - ☐ Migrant Ed/Adelante
   - ☐ Website
   - ☐ Social media
   - ☐ Flyer
   - ☐ Presentation or Meeting
   - ☐ Other ______________________

SECTION 6: NEEDS ASSESSMENT

1. Do you have reliable transportation? ☐ Yes ☐ No
2. Do you have any impediments attending college? ☐ Yes ☐ No
3. Do you have a laptop computer? ☐ Yes ☐ No
4. What is your housing status: ☐ Own ☐ Rent ☐ Live with multiple families
5. Is your family supportive of you attending college? ☐ Yes ☐ No
6. Any siblings attended or are currently attending college/university? ☐ Yes ☐ No
7. Do you wear glasses? ☐ Yes ☐ No

SECTION 7: EDUCATIONAL GOALS

1. Educational Major/Interest: ______________________________________________

   Are you planning to earn a certificate only? ☐ Yes ☐ No

   Are you planning to transfer to a four-year educational institution? ☐ Yes ☐ No

2. I have met with the CAMP Counselor? ☐ Yes ☐ No

   I have created a Comprehensive Education Plan? ☐ Yes ☐ No

I, __________________, authorize Admissions and Records office to share my High School transcripts with the CAMP program staff to complete my CAMP application. ___(Initials here)

APPLICANT’S SIGNATURE: ___________________________________ DATE: _____________
College Assistance Migrant Program

AUTOBIOGRAPHICAL STATEMENT

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 hand write one or two pages in which you discuss the following:

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?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________


Discuss how your family or other support system will help you complete your college education.

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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.

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________________________________________________________________________________________
CAMP ELIGIBILITY

To be eligible to participate in the CAMP program at least one parent, self or immediate family member must be a seasonal or migrant farm worker OR the applicant must have participated in the Migrant Education Program. “Seasonal Farm Worker” 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 same day. **In addition, you must have a high school diploma, show financial need, and enroll full-time at Mendocino College.**

To determine seasonal/migrant farm worker status, you must answer all of the following questions:

1. I qualify as (check one): Seasonal Farm Worker: ☐ Migrant: ☐ Migrant Education Program Participant ☐
2. I meet the eligibility requirement based on (if Migrant Education Program Participant, indicate “Self”):
   Father: ☐ Mother: ☐ Self: ☐ Immediate Family member: ☐
   Relation of Immediate Family member to applicant: ____________________________

Family member who meets seasonal/migrant farmworker criteria (if not a Migrant Education Program Participant):
Name: __________________________________________ Phone #: (___) ____________________________
Address: __________________________________________ PO Box/Street __________________________
City __________________________ State ________ Zip Code ________

3. Name of employer for qualifying member listed in #15; as stated in W-2: (if Migrant Education Program participant, indicate N/A) :

Employer address: __________________________________________ PO Box/Street __________________________
City __________________________ State ________ Zip Code ________

Number of months employed in 2021: ________ Number of months employed in 2021/2022: ________

Type of work he/she performs. (Explain): __________________________

4. Certificate of Eligibility (COE) (if Migrant Education Program Participant) number: __________________________

**In order for your application to be considered, you will need to mail/fax the following documents: A) W-2 forms of qualifying family member showing the employer listed in #15 OR Copy of COE (Certificate of Eligibility)**

- CERTIFICATION
- 

I certify that the information reported above is accurate and that my family’s primary employment has been seasonal or migrant farm work in the last two years, or that I was a participant in the Migrant Education Program. I further understand that any false statement subjects me to immediate dismissal from the program.

__________ Date

Signature

If you are under 18 years of age, parent signature is required.

__________ Date

Parent’s Signature