

# 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: <a href="mailto:camp@mendocino.edu">camp@mendocino.edu</a>



### Applicant must complete all items in this application before being selected:

		Check off		
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 v	vith in 2 years)/ Pay Stubs or W2s		
4.	CAMP Letters of Recommendation OR forms			
	(pages 8 & 9) #10 #20			
	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		

Please add your name and your initials at the end of each statement on Page 3 and 4 to authorize CAMP program staff to have copies of documentation that will complete you r CAMP application. Make sure to sign and initial your name in the statements regarding authorization for High School transcripts and Financial Aid in pages 3 and 4.

□ 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 ASSSISTANCE 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	СІТҮ	STATE	ZIP CODE
Home Phone: ()	Cell/Messa	ge Phone: ()	
Date of Birth:	E-mail:		
Citizenship Status: (Check or	ne)		
	U.S. Citizen 🗆	Legal U.S. Resident	
	SECTION 2: II	NCOME	
1. Are you receiving any of	the following assistant	ce?	
□ Federal Financial Aid	🗆 California Promi	se Grant 🛛 Com	pleted FAFSA
I,, authori the CAMP staff for the y	ze the Financial Aid of	ffice to share my FAI	SA outcomes to
the CAIVIT stall for the y	cal I am applying to C		
2. Do you work?	□ No		
Employer Name:			
3. Approx. Family Yearly I			
5. Are you a first generation	n college student?	YES 🗆 NO 🗆	]
6. How many members of y	our family have or are	currently attending of	college :
	SECTION 3: ED	JCATION	
1. Name of high school(s) a	ttended:		
2. High school graduation d	late:	_ Accumulative GPA:	
3. Have you completed any	college units: □ Yes	□ No Units complet	ted:
4. Name of college/universi	ty attended:		

MENDOCINO COLLEGE SECTION 4: EMERGENCY CONTACT

Please provide two contacts in case of emergency: Name:\_\_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: Home Phone: Name:\_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: Cell Phone: **SECTION 5: SURVEY** 1. How did you hear about the CAMP program? (check one)  $\Box$  Family member or friend  $\Box$  Migrant Ed/Adelante  $\Box$  Website  $\Box$  Social media  $\Box$  Flyer  $\Box$  Presentation or Meeting  $\Box$  Other **SECTION 6: NEEDS ASSESSMENT** 1. Do you have reliable transportation?  $\Box$  Yes  $\Box$  No 2. Do you have any impediments attending college?  $\Box$  Yes  $\Box$  No 3. Do you have a laptop computer?  $\Box$  Yes  $\Box$  No 4. What is your housing status:  $\Box$  Own  $\Box$  Rent  $\Box$  Live with multiple families 5. Is your family supportive of you attending college?  $\Box$  Yes  $\square$  No 6. Any siblings attended or are currently attending college/university?  $\Box$  Yes  $\Box$  No 7. Do you wear glasses?  $\Box$  Yes  $\Box$  No SECTION 7: EDUCATIONAL GOALS 1. Educational Major/Interest:  $\square$  No Are you planning to earn a certificate only?  $\Box$  Yes Are you planning to transfer to a four-year educational institution?  $\Box$ Yes  $\square$  No 2. I have met with the CAMP Counselor?  $\Box$  Yes  $\Box$  No I have created a Comprehensive Education Plan?  $\Box$  Yes  $\Box$  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.

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.



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	r criteria (if not a Migrant Education Program Participant):
Name:	_Phone #: ()

Address:				
-	PO Box/Street	City	State	Zip Code

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

City	State	Zip Code
Number of months employed in	n <b>2021/2022:</b>	
		City State State Number of months employed in <b>2021/2022:</b>

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 <u>OR</u> 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.

Signature

Date

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