

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



CAMP Required Documents: **Application Process Check List**(Keep for your records)

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

	Check off
CAMP Admission Application (pages 3 & 4)	
Autobiographical Statement (pages 5 & 6)	
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
CAMP Letters of Recommendation OR forms	
(pages 8 & 9) #10 #20	
Letters of Recommendation, addressing points from the	e CAMP Rec form can be emailed to
us at camp@mendocino.edu Please add on subject line	 Rec Letter NAME of Student
	Autobiographical Statement (pages 5 & 6) Signed CAMP Eligibility Form (page 7) Migrant Education Program Verification Farm Worker Income Verification (75 days v CAMP Letters of Recommendation OR forms (pages 8 & 9) #10 #20 Letters of Recommendation, addressing points from the

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.

<u>Notice:</u> 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:	CITY	STATE ZIP CODE
Home Phone: ()	Cell/Message Phone:	()
	E-mail:	
Citizenship Status: (Check one		
	U.S. Citizen ☐ Legal U.S	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 CAMP staff for the year.	te the Financial Aid office to she car I am applying to CAMP pro	are my FAFSA outcomes to ogram (Initials here)
2. Do you work? ☐ Yes [□ No	
Employer Name:		
3. Approx. Family Yearly In	acome: 4. Family	Size:
5. Are you a first generation	college student? YES	NO 🗆
6. How many members of yo	our family have or are currently	attending college :
	SECTION 3: EDUCATION	V
1. Name of high school(s) at	tended:	
2. High school graduation da	ate: Accumu	lative GPA:
3. Have you completed any	college units: ☐ Yes ☐ No U	nits completed:
4 Name of college/universit	_	1



SECTION 4: EMERGENCY CONTACT

Ple	ase provide two contacts in case of emergency:		
Na	ame: Relationship:		
C	ell Phone: Home Phone:		
Na	ame: Relationship:		
C	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		
	Do you have any impediments attending college? ☐ Yes ☐ No		
	Do you have a laptop computer? ☐ Yes ☐ No		
	What is your housing status: \square Own \square Rent \square Live with multiple families		
	·		
	Is your family supportive of you attending college? ☐ Yes ☐ No		
6.	Any siblings attended or are currently attending college/university? \Box Yes \Box No		
7.	Do you wear glasses? ☐ Yes ☐ No		
	SECTION 7: EDUCATIONAL GOALS		
1.	Educational Major/Interest:		
	Are you planning to earn a certificate only? \square Yes \square No		
	Are you planning to transfer to a four-year educational institution? \Box Yes \Box No		
2.	I have met with the CAMP Counselor? \square Yes \square No		
	I have created a Comprehensive Education Plan? \square Yes \square No		
I, _ tra	, authorize Admissions and Records office to share my High School nscripts with the CAMP program staff to complete my CAMP application(Initials here)		
A D	DI ICANIT'S SIGNATUDE. 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 fee yourself or your	l you would bene family that you	efit from the C believe is impo	AMP program	m? Please add at admissions com	ny other informa nmittee to know.	tion about



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: □ M	igrant Education Prog	ram Participant
2. I meet the eligibility requirement based	•		•
Father: ☐ Mother: ☐ Self: ☐ Imm Relation of Immediate Family mem	nediate Family member:		
Family member who meets seasonal/migrant Name:			
Address:PO Box/Street		State	Zip Code
3. Name of <u>employer</u> for qualifying memb participant, indicate N/A):			tion Program
Employer address:			
Employer address:PO Box/Street	City	State	Zip Code
Number of months employed in 2021:	Number of months	employed in 2021/20	22:
Type of work he/she performs. (Explain):			
4. Certificate of Eligibility (COE) (if Migran	nt Education Program Participa	nt) number:	
In order for your application to be conside forms of qualifying family member showin Eligibility)		9	
•	CERTIFICATION •		
I certify that the information reported above is or migrant farm work in the last two years, or understand that any false statement subjects re	r that I was a participant in th	e Migrant Education F	
Signature		Date	
If you are under 18	years of age, parent signatu	ire is required.	
Parent's Signature		Date	