



MENDOCINO COLLEGE

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



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CAMP Required Documents:

Application Process Check List

(Keep for your records)

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

- | | Check off |
|--|--------------------------|
| 1. CAMP Admission Application (pages 3 & 4) | <input type="checkbox"/> |
| 2. Autobiographical Statement (pages 5 & 6) | <input type="checkbox"/> |
| 3. Signed CAMP Eligibility Form (page 7) | <input type="checkbox"/> |
| Migrant Education Program Verification | |
| Farm Worker Income Verification (75 days with in 2 years)/ Pay Stubs or W2s | |
| 4. CAMP Letters of Recommendation OR forms (pages 8 & 9) #1 <input type="checkbox"/> #2 <input type="checkbox"/> | <input type="checkbox"/> |
| 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 your 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)



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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: _____

3. Approx. Family Yearly Income: _____ 4. Family Size: _____

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: _____



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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: _____

