College Assistance Migrant Program Application 2019.20

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: June 30, 2019 (will accept until we reach the capacity)

Application Process Check List

(Keep for your records)

Check off

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

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) $\#1 \circ \#2 \circ$	
4.	High School Transcript \circ OR HSE Certificate \circ	
5.	Signed CAMP Eligibility Form (page 6)	
6	<u>Copy of U.S. Birth Certificate</u> OR <u>Signed copy of Student's Residency Card (Front & Back)</u>	
7.	Copy of School OR CA ID	
8.	Signed copy of Student's Social Security Card	
	<u>Please mail items to:</u>	
	COLLEGE ASSISTANCE MIGRANT PROGRAM	

Mendocino College 1000 Hensley Creek Rd Ukiah, CA 95482 OR drop it off at McMillan bldg. room 1200 next to Admissions and Records.

If you have any questions or need assistance, please contact the CAMP Program: Phone: 707-467-1026 Email: camp@mendocino.edu Text: 707-513-8306 Fax: 707-468-3212

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 - Submit High School 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)

Step 6 - Buy Books & Supplies (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: <u>Submit the Free Application for Federal Student Aid (FAFSA)</u> Students must file a FAFSA every year to determine their eligibility for financial aid. The application is available every October 1st. 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. To be considered you must complete an application. Pay close attention to all 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: Promise Grant 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.

<u>COLLEGE ASSSISTANCE MIGRANT PROGRAM</u> 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		2.Birth	Date:
Last	First	MI	
3. Address: PO Box/ Street	City	State	Zip
4. Home Phone: ()	Cell Pho	ne Number: ()_	
5. High School Attended:			
6. Graduation Date:	7.	High School GPA:	
8. Citizenship Status: (Check or	ne)		
8a. U.S. Citizen □ (Include copy of birth c	certificate)	
8b.Legal Resident 🗆 ((Include copy of signed	d U.S. Residency Card)
9. Family Size:	10. Approx. Fam	ily Yearly Income:	
11. Are you a first generation co	ollege student? Y	ES 🗆 NO 🗆	
12. How many members of your	family have or are cur	rrently attending colle	ge :
13. How did you learn about CA	MP?:		
Presentation	Migrant Ed 🗖	Website \Box	Other \Box
14. Email Address:			
15. Alternate Email Address:			
	3		

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 support services offered by CAMP.

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 1-paragraph 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 <u>seasonal or migrant farm worker OR the applicant must have participated in the Migrant</u> <u>Education Program</u>. "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:

14. I qualify as (check one):

Seasonal Farm Worker: 🗆 Migrant: 🗆 Migrant Education Program Participant 🗆

15. 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
FO Box/Street	City	State	Zīp

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

7 State	Zip Code
,	State

Number of months employed in 2016:_____Number of months employed in 2017/2018:_____

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

17. Certificate of Eligibility (COE)# (if Migrant Education Program Participant)

18. 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.

Parent's Signature

Date

CONFIDENTIAL RECOMMENDATION

Student's Name:	High School:
Address:	_Ph. #: () Birth Date://
Please take this form to a teacher, counse this person to complete the form.	elor, school administrator, or employer who knows you. Ask
Name of Evaluator:	Position:
School/ Organization:	Ph. # ()
Address:	
College Assistance Migrant Program (CAM children of such workers) enrolled in their	ne College Assistance Migrant Program at Mendocino College. The <i>IP</i>) assists students who are migratory or seasonal farmworkers (or r first year of undergraduate studies at a college. Services include

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 address 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

He	w long have you known this student? In what capacity?			
	PERSONAL CHARACTERISTICS	STRONG	AVERAGE	WEAK
	ACADEMIC DETERMINATION			
	LEADERSHIP QUALITIES			
	MOTIVATION			
	MATURITY			

Highly recommend \Box

Recommend \Box

Do Not Recommend \Box

Additional Comments: (please feel free to send an attachment)

Signature: _____

Date:_____

CONFIDENTIAL RECOMMENDATION

Student's Name:	H	igh School:		
Address:	_Ph. #: ()	Birth Date:/	//
Please take this form to a teacher, counse this person to complete the form.	lor, school ad	lministrator, or emj	oloyer who know	s you. Ask
Name of Evaluator:		_Position:		
School/ Organization:	Pł	n. # ()		
Address:				
The above named student is applying to the College Assistance Migrant Program (CAM children of such workers) enrolled in their	IP) assists stu	dents who are migra	tory or seasonal fa	rmworkers (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 address 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

ow long have you known this student?	In what capacity	.5	
PERSONAL CHARACTERISTICS	STRONG	AVERAGE	WEAK
ACADEMIC DETERMINATION			
LEADERSHIP QUALITIES			
MOTIVATION			
MATURITY			
MATURITY			
Highly recommend \Box Recomme	end 🗆 🛛 Do	Not Recomm	end 🗖

Additional Comments: (please feel free to send an attachment)

Signature: _____

Date:_____