

CAMP APPLICATION

College Assistance Migrant Program



Return application to:
 College Assistance Migrant Program
 Central Washington University
 400 East University Way
 Ellensburg WA 98926-7429

Telephone: 509-963-1729
 Fax: 509-963-1724
 E-mail: camp@cwu.edu
 Web: www.cwu.edu/~camp

Please respond as soon as possible so that we may begin to establish your eligibility. Remember, openings are limited.



What does CAMP do?

The College Assistance Migrant Program (CAMP) at Central Washington University provides supportive and retention services to college students from migrant and seasonal farmworking families. CAMP works with campus faculty, student services and community-based agencies to improve educational opportunities for CAMP students.

Is CAMP for me?

If you are entering Central Washington University and have a migrant or seasonal farmworking background, were identified as a migrant student in your school district, or participated in the WIA 167 program, CAMP is for you. As a retention service, we are concerned with helping you stay in school. We will help you explore your academic and career choices and make sure that you have the information you need to make the decisions which will shape your future.

CAMP is funded 100 percent by the Department of Education, Office of Migrant Education.

PERSONAL INFORMATION

PLEASE PRINT OR TYPE

Date _____ / _____ / _____

Name _____
 Last Name First Name Middle Name

Permanent Mailing Address _____
 Street / Number City Zip

Home Telephone Number (_____) _____

Alternate Telephone Numbers (_____) _____ (_____) _____

Date of Birth _____ / _____ / _____ Gender Male Female

Have you applied for Financial Aid? Yes No If yes, when? _____ / _____ / _____ (date)

Residency U.S. Citizen Legal Permanent Resident (Attach a copy of your card.) Other

FOR OFFICE USE ONLY

Eligible for CAMP Yes No Date eligible _____ / _____ / _____

If eligible, verification used Employer Verification Form WIA 167 Verification

Migrant Education Identification # _____ W-2 and Work History

CAMP Director _____ Date _____ / _____ / _____

Comments _____

FAMILY INFORMATION

Father's Name _____
Last Name First Name Middle Name

Father's Work _____
Position Company Name

Mother's Name _____
Last Name First Name Middle Name

Mother's Work _____
Position Company Name

Person who will always know
how to contact me: _____
Last Name First Name

Address _____
Street / Number City Zip

Telephone (_____) _____ (daytime) (_____) _____ (evening)

Relationship to you: _____

Language most spoken at home: _____

EDUCATION

When will/did you graduate from high school or complete your GED? _____ / _____ (month/year)

Which school/program will/did you graduate from: _____

List previously attended colleges Name _____ Location _____
or universities (if any): Name _____ Location _____

Have you been accepted to Central Washington University? Yes No

Expected CWU entry (quarter/year): Fall _____ Winter _____ Spring _____ Summer _____

What do you plan to study at CWU? (list major(s)) _____

Your Cumulative Grade Point Average: _____

STUDENT SIGNATURE (Required for all applicants.)

I understand that it may be necessary for the CAMP program staff to obtain records from other Central Washington University departments in order to verify my current academic and financial status. I give my permission for such records to be obtained.

I understand that if I am determined to be eligible and am offered admission to Central Washington University, the College Assistance Migrant Program will make available the academic resources to assist me in completing my first year of college. I understand that in order to continue to receive financial and academic assistance from CAMP, I must fully participate in any and all CAMP related activities and remain in good academic standing. **I certify that the information provided in my application is true and correct to the best of my knowledge.**

Student Signature _____ Date _____ / _____ / _____

PROOF OF MIGRANT OR SEASONAL FARMWORKER STATUS

Please provide ONE of the following:

Migrant Education Program Identification # _____
(Can be obtained from your high school counselor or migrant home visitor.)

OR

Letter from employer verifying 75 days of farm work in the last two years.
(Use attached form.)

OR

Letter verifying participation in the Washington Farmworker Investment program.
(WIA 167.)

OR

W2 forms and Work History verifying 75 days of farm work in the last two years.
(Use space below.)

WORK HISTORY (Only complete if work history option is selected above.)

In the past two years, if you or members of your immediate household (parents, sister, brother) employed in the production of crops (i.e., picking, pruning, harvesting or machine operation), dairy products, poultry or livestock; the cultivation and harvesting of trees; or any activity directly related to fish farms.

Month / Year	to Month / Year	Type of Work	Employer	Telephone
# of Days Worked		Worker Name		Employer Address, City + Zip
Month / Year	to Month / Year	Type of Work	Employer	Telephone
# of Days Worked		Worker Name		Employer Address, City + Zip
Month / Year	to Month / Year	Type of Work	Employer	Telephone
# of Days Worked		Worker Name		Employer Address, City + Zip
Month / Year	to Month / Year	Type of Work	Employer	Telephone
# of Days Worked		Worker Name		Employer Address, City + Zip

LETTER FROM EMPLOYER

Take this "Verification of Farmworker Employment Status" form to the employer and ask them to complete the form.

Dear Employer,

The following student, _____, has applied to the College Assistance Migrant Program (CAMP) at Central Washington University. In order to be eligible for the program, the student must be a migrant/seasonal farmworker (or the dependent of a migrant/seasonal farmworker). The student has indicated that the person listed below has been/was employed by you as a farmworker within the last two years. The purpose of this form is for you to verify his/her employment.

After completing this form, please return it to the student or employee.

For the purpose of the program, the farm work may include any activity directly related to the production of crops (i.e., picking, pruning, harvesting or machine operation), dairy products, poultry or livestock; the cultivation and harvesting of trees; or any activity directly related to fish farms. This farm work includes work performed for either wages or personal subsistence on a farm, ranch or similar establishment on a seasonal basis.

Name of Employee

Last Name First Name Middle Name

Dates worked

Beginning ____ / ____ / ____ Ending ____ / ____ / ____

Beginning ____ / ____ / ____ Ending ____ / ____ / ____

Type of farm work

Total days worked within the last two years _____

CERTIFICATION OF EMPLOYER

I certify that the information provided is complete and accurate according to our records.

Name of Employer

Last Name First Name Middle Name

Mailing Address

Street / Number City Zip

Telephone Number

(____) _____

Employer Signature

_____ Date ____ / ____ / ____