



College Assistance Migrant Program (CAMP)
Application
2020.21



Submit Completed Application to:
COLLEGE ASSISTANCE MIGRANT PROGRAM
Mendocino College
1000 Hensley Creek Rd
Ukiah, CA 95482

In person: MacMillan bldg. room 1200 next to Admissions and Records.
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

Fax: 707-468-3212

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 |
|--|--------------------------|
| 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○ #2○ | <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 | |

Provide a copy of the following (if you need to make copies you can come to the CAMP office and we will make them for you)

- ☐ Copy of U.S. Birth Certificate OR Signed copy of Permanent Resident Card
- ☐ Copy of School, Mendocino College OR CA ID
- ☐ High School Transcripts OR HSE Certificate
- ☐ Copy of signed Social Security Card

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, 2020 (will accept until we reach the capacity)

CAMP Services

- | | |
|--|---|
| <ul style="list-style-type: none">• CAMP welcome (July)• A Summer Bridge Program (up to \$300 stipend upon completion)• CAMP College Survival and Career Exploration classes (CCS 119/100)• Academic/Personal Counseling (CAMP counselor) | <ul style="list-style-type: none">• 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 CITY STATE ZIP CODE

Home Phone: () Cell/Message Phone: ()

Date of Birth: E-mail: _____

Citizenship Status: (Check one)

U.S. Citizen ☐ (Include copy of birth certificate)

Legal Resident ☐ (Include copy of signed U.S. Residency Card)

SECTION 2: INCOME

1. Are you receiving any of the following assistance?

☐ Federal Financial Aid ☐ California Promise Grant ☐ Completed FAFSA

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: _____



MENDOCINO COLLEGE

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 6: 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 7: 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

APPLICANT'S SIGNATURE: _____ DATE: _____



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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?

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



MENDOCINO COLLEGE
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: ☐ 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 criteria *(if not a Migrant Education Program Participant)*:

Name: _____ Phone #: (____) _____

Address: _____
PO Box/Street City State Zip Code

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

Employer address: _____
PO Box/Street City State Zip Code

Number of months employed in **2018**: _____ Number of months employed in **2019/2020**: _____

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

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 OR 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, counselor, school administrator, or employer who knows you. Ask this person to complete the form.

Name of Evaluator: _____ Position: _____

School/ Organization: _____ Ph. # (____) _____

Address: _____

The above named student is applying to the College Assistance Migrant Program (CAMP) at Mendocino College. CAMP assists students who are migratory or seasonal farmworkers (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. **You can also email a letter of recommendation that addresses the questions on this form.** Please email to camp@mendocino.edu

Questions? Contact CAMP at 707-467-1026. Thank you!

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How long have you known this student? _____ In what capacity? _____

PERSONAL CHARACTERISTICS	STRONG	AVERAGE	WEAK
ACADEMIC DETERMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP QUALITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly recommend ☐ Recommend ☐ Do Not Recommend ☐

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

Signature: _____ Date: _____



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Highly recommend ☐ Recommend ☐ Do Not Recommend ☐

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