



MENDOCINO COLLEGE

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](mailto: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](mailto:camp@mendocino.edu)



## MENDOCINO COLLEGE

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

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

- |  | <b>Check off</b>         |
|--|--------------------------|
| 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<br>(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 <a href="mailto:camp@mendocino.edu">camp@mendocino.edu</a> 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**

- 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)
- 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 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  (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: \_\_\_\_\_



MENDOCINO COLLEGE

## 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.

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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?

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MENDOCINO COLLEGE

Discuss how your family or other support system will help you complete your college education.

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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.

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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](mailto:camp@mendocino.edu)

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

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1000 Hensley Creek Rd  
Ukiah, CA 95482  
Fax: 707-468-3212**

How long have you known this student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

<b>PERSONAL CHARACTERISTICS</b>	<b>STRONG</b>	<b>AVERAGE</b>	<b>WEAK</b>
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: \_\_\_\_\_







### CONFIDENTIAL RECOMMENDATION

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Address: \_\_\_\_\_ Ph. #: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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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"/>
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Highly recommend  Recommend  Do Not Recommend

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

