College Assistance Migrant Program
Columbia Basin College
2013-2014 Application

In order for an application to be reviewed, all required items must be complete and submitted to the CAMP Program by February 15, 2013. This is the priority deadline, but applications will be accepted until all CAMP Scholars are selected.

For any questions please contact:
Melinda Carmona
CAMP Outreach Specialist
509-542-4602
mcarmona@columbiabasin.edu
2600 N 20th Ave Pasco, WA 99301

CAMP Application Check List

____ Completed CBC admissions application

____ Completed CAMP application

____ Verification of Migrant **OR** Seasonal Farmworker Status (with attached document)

____ Two Recommendation forms

____ COMPASS score or date test will be taken _____

____ High school transcript or GED test scores

____ Financial aid confirmation (EFC from FAFSA)

____ Copy of birth certificate & Social Security card

Office Use Only

Date Received [ ] Application Complete [ ] Intake interview: [ ]

COMPASS Date [ ] Scores [ ] 2nd intake interview [ ]

_____ ☐ Accepted ☐ Math Bridge ☐ Declined
Miriam Fierro, MPA, CAMP Director

CAMP Application

Personal Information

Name _____ Date of birth _____

Mailing Address _____

Home Phone _____ Cell Phone _____ Email: _____

What is your residency status? ☐ U.S. Citizen ☐ Permanent Resident ☐ Other

Note: Student must be eligible to receive federal financial aid

Family Information: Complete this section to the best of your ability.

Father's Name _____ Mother's Name _____

Address _____ Address _____

City,State,Zip _____ City,State,Zip _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Education

High School _____ Expected graduation date _____

If not a high school graduate, when did you earn a GED? _____ Institution _____

Please check all that apply: ☐ AP/IB Courses ☐ Running Start ☐ HEP ☐ Upward Bound ☐ GEAR UP

College credits earned by Spring 2013 _____ Institution _____

Extra Curricular Activities _____ Awards _____

Assistance

Have you applied for financial aid? ☐ No ☐ Yes (if yes please provide us with documentation)

If you have not applied for financial aid, do you want CAMP to help you apply? ☐ Yes ☐ No

Do you have reliable transportation ? ☐ Yes ☐ No If no, how do you plan to attend CBC?

Are you a first generation college student? ☐ Yes ☐ No

Do you plan on earning an Associates in Arts/Transfer Degree? ☐ Yes ☐ No

What is your intended major?

What degrees do you plan to earn? ☐ Bachelors ☐ Masters ☐ Doctorate ☐ Other

What four-year college/university do you want to transfer to?

What city will you be living in while attending CBC?

Will you be employed while attending CBC? Employer

How many hours a week will you work while attending CBC?

To receive services, the federal government requires access to student records.
I authorize CAMP to access my records at Columbia Basin College, including:

☐ Transcripts and enrollment documents ☐ Financial Aid information ☐ COMPASS exam scores

☐ Picture release for outreach or publicity ☐ Student testimony for public and programing purposes

I certify to the best of my knowledge, statements I have made on this application are complete and true. Failure to disclose and submit complete and accurate information may result in the denial of acceptance to the Columbia Basin College (CBC) College Assistance Migrant Program (CAMP).

Student Signature Date

Autobiographical Section

Please type the answers to the following questions on a separate sheet of paper. Be sure to respond with at least 4-7 sentences for each question.

1.) How would you describe your experience as a seasonal/migrant worker? If this does not apply to you, please describe your experience coming from a seasonal/migrant family.

2.) What is your motivation to attend college?

3.) What obstacles or barriers have you overcome to continue your education?

4.) Why should you be selected as one of the 55, 2013-2014 CAMP Scholars?

5.) What will a typical day for you look like five years from now?

VERIFICATION OF MIGRANT OR SEASONAL FARMWORKER STATUS

Student Name: _____

In order to be eligible for services provided by the College Assistance Migrant Program (CAMP) under the guidelines established by the U.S. Department of Education, the applicant or his/her immediate family member must have worked at least 75 days within the last two years in agriculture as a migrant or seasonal farmworker. *This includes any activity directly related to the production of crops, dairy products, poultry, or livestock, the cultivation or harvesting of trees, or fish farms*.

OR Be eligible to participate, or have participated in programs under Subpart 1 of Chapter 1 of Title 1 of the Elementary and Secondary Education Act of 1965, or WIA of 1998 program.

Please check and provide ***ONE*** of the following:

___ Migrant Education Program Identification # (COE): _____
(Obtain from your counselor or migrant home visitor, please attach copy)

___ Letter from employer verifying 75 days of employment within the last 2 years
(Use attached Employer Verification form)

___ Letter verifying participation in the Washington Farmworker Investment 167 Program

EMPLOYER VERIFICATION FORM

Dear employer:

The following student, _____, has applied to participate in the College Assistance Migrant Program at Columbia Basin College. In order to be eligible for services provided by the College Assistance Migrant Program (CAMP) under the guidelines established by the U.S. Department of Education, **the applicant or his/her immediate family member must have worked at least 75 days within the last two years in agriculture as a migrant/seasonal farmworker**. *This includes any activity directly related to the production of crops (i.e., picking, pruning, harvesting or machine operation), dairy products, poultry, or livestock, the cultivation or harvesting of trees, or any activity directly related to fish farms.*

I, _____ am able to attest to the fact that
(Supervisor Name)

_____ meets the conditions highlighted above.
(Employee Name)

Type of work _____

Dates of employment _____

Employer Signature _____

Address _____

Phone Number _____ Date _____

If you have any questions and/or concerns please contact:

Melinda Carmona
Outreach Specialist
Columbia Basin College
(509) 542-4602
mcarmona@columbiabasin.edu

Recommendation Form

College Assistance Migrant Program
(CAMP)

This form should be completed by a school counselor, teacher, coach, or supervisor. A minimum of 2 recommendation forms are required. Please provide each recommender adequate time to complete the form and return it to our office. *At least one recommendation form must be completed by a teacher*. An electronic version is available upon request by contacting mcarmona@columbiabasin.edu.

Otherwise please mail to:
Melinda Carmona
College Assistance Migrant Program
2600 N 20th Ave
Pasco,WA 99301

Recommender _____ Applicant Name _____

In what capacity have you known the student? (Check all that apply) How long have you known the student? _____

☐ Teacher ☐ Counselor ☐ Mentor ☐ Coach ☐ Supervisor ☐ Other (Please specify) _____

What is this student's greatest accomplishment?

What is the student's motivation for attending college?

In your opinion, how will this student adapt to a college setting? Will he/she be successful?

What barriers could stop the student from completing his/her first year of college?

Why would the student benefit from participating in the CAMP program?

Student Evaluation

For each item below, please choose the numbered response that best describes the applicant.
Write in the appropriate number for the response or pick a response from the drop-down list.

Personal Qualities : **(5) Excellent (4) Above Average (3) Average (2) Below Average (1) Unsatisfactory (0) N/A**

Motivation to attend college		Understanding of college culture	
Time Management		Ability to handle adversity	
Honesty		Willingness to ask questions	
Consistency		Determination/Perseverance	
Work ethic		Respect for others	

Need for CAMP Services: **(5) High Need (3) Average (1) Low (0) No Need**

Academic Advising		Career Planning		Personal Support/Mentoring	
Tuition Assistance		Financial Assistance		Health Services	

Other

Recommendation:

CAMP's success is measured in two specific ways. We appreciate your utmost attention to the following before making a recommendation. 1.) A student enrolling full-time (12 credits or more) each quarter (fall, winter, spring) and completing at least 36 credits for the academic year. 2.) A student returning for their second year the subsequent fall quarter.

1.) Do you believe the student will stay enrolled **full-time** during their first year and earn a minimum of 36 credits. Why or why not? Please be specific.

2.) Do you believe the student will return for their second year in the Fall of 2014? Why or why not? Please be specific.

Do you recommend this student to the program?

Signature | Date | Phone Number

Title | Email

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Signature Date Phone Number

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