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, livestock, cultivation, 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 two years
(Use attached Employer Verification form)

☐ Letter verifying participation in the Washington Farmworker Investment 167 Program

If you have any questions and/or concerns please contact:
(509) 542-4602
camp@columbiabasin.edu

Employer Verification Form

Columbia Basin College

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), dairy products, poultry, or livestock, the cultivation or harvesting of trees, or the catching, raising, harvesting or initial processing of fish or shellfish at fish farms.*

I, _____ am able to attest to the fact that _____
(Supervisor Name) (Employee Name)
meets the conditions highlighted above.

Type of work _____

Dates of employment _____
(Month/Year) Through (Month/Year)

Dates of employment _____
(Month/Year) Through (Month/Year)

Dates of employment _____
(Month/Year) Through (Month/Year)

_____
Employer signature

_____
Address City State Zip

_____
Phone Number Date

Office Use Only

Total days worked _____

Note: total days worked will be calculated on a Monday through Saturday work week.

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