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.

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

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.

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:

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 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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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Dates worked

<table>
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<tr>
<th>Beginning</th>
<th>Ending</th>
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<td>_____ / ____ / _____</td>
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<tbody>
<tr>
<td>_____ / ____ / _____</td>
<td>_____ / _____ / _____</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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</thead>
</table>

Mailing Address

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<thead>
<tr>
<th>Street / Number</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
</table>

Telephone Number

(_______) __________________

Employer Signature

__________________________________ Date _____ / _____ / _______