



# CAMP APPLICATION

College Assistance Migrant Program

Return application to:  
 College Assistance Migrant Program  
 Central Washington University  
 400 E. 8th Avenue  
 Ellensburg WA 98926-7429

Telephone: 1-866-298-4968, ext. 1729  
 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.

**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.



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

**PERSONAL INFORMATION**

PLEASE PRINT OR TYPE

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Social Security # \_\_\_\_\_ (Please attach a copy of your card.)

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)

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 Coordinator \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Comments \_\_\_\_\_

## EDUCATION

When will/did you graduate from high school or complete your GED? \_\_\_\_\_ / \_\_\_\_\_ (month/year)

List previously attended colleges Name \_\_\_\_\_ Location \_\_\_\_\_

or university (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: \_\_\_\_\_

## ACADEMIC HONORS AND EXTRACURRICULAR ACTIVITIES

Please list extracurricular, community, family activities and hobbies.

For example, musical instrument played, school newspaper, sports, theater, arts, etc. Attach extra sheet if necessary.

Activity	Years of Participation	Position held or honors won
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 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:

\_\_\_\_\_

Last Name

First Name

Address

\_\_\_\_\_

Street / Number

City

Zip

Telephone

(\_\_\_\_\_) \_\_\_\_\_ (daytime) (\_\_\_\_\_) \_\_\_\_\_ (evening)

Relationship to you:

\_\_\_\_\_

Language most spoken at home:

\_\_\_\_\_

## AUTOBIOGRAPHICAL STATEMENT

Please type (in English) an autobiographical essay of no less than 500 words on a separate sheet. Your essay is an important part of your application. Be sure to be descriptive and take the time to write a well written essay. Most importantly, be honest. In detail, answer the following questions:

*How has your experience of being a farmworker or a dependent of a farmworker had an effect on your decision to further your education? How is this related to your goals?*

## 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 farmwork 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 farmwork in the last two years.  
(Use space below.)

### WORK HISTORY

In the past two years, were 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	Type of Work	Employer	Telephone
# of Days Worked	Worker Name	Employer Address, City +Zip	
Month / Year	Type of Work	Employer	Telephone
# of Days Worked	Worker Name	Employer Address, City +Zip	
Month / Year	Type of Work	Employer	Telephone
# of Days Worked	Worker Name	Employer Address, City +Zip	
Month / Year	Type of Work	Employer	Telephone
# of Days Worked	Worker Name	Employer Address, City +Zip	

### STUDENT SIGNATURE

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 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 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 farmwork 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 farmwork includes work performed for either wages or personal subsistence on a farm, ranch or similar establishment on a seasonal basis.

Name of Employee

\_\_\_\_\_  
Last Name First Name Middle Name

Dates worked

Beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of farmwork

\_\_\_\_\_

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

\_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address

\_\_\_\_\_  
Street / Number City Zip

Telephone Number

(\_\_\_\_) \_\_\_\_\_

Employer Signature

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# LETTER OF RECOMMENDATION

Please take this page and have a teacher or counselor complete the letter of recommendation.

Student Name \_\_\_\_\_  
Last Name First Name Middle Name

Student's Telephone Number (\_\_\_\_\_) \_\_\_\_\_

## RECOMMENDED BY

Reference Name \_\_\_\_\_  
Last Name First Name Middle Name

Position/Title \_\_\_\_\_

Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street / Number City Zip

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Please comment on the student's academic performance.

## ACADEMIC PERFORMANCE EVALUATION

Check only one box on each line.

	Excellent	Good	Fair	Needs Improvement	No Comment
English → Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English → Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English → Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_