



University of Idaho

College Assistance
Migrant Program

C.A.M.P. APPLICATION

The University of Idaho College Assistance Migrant Program (UI-CAMP) is funded by the U.S. Department of Education. UI-CAMP assists students who have qualifying migrant/seasonal farmwork backgrounds by providing academic, supporting services and financial assistance.

Please submit application to:

MAILING ADDRESS:
COLLEGE ASSISTANCE MIGRANT PROGRAM
875 PERIMETER DRIVE MS 3030
MOSCOW, ID 83844-3030
EMAIL: CAMP@UIDAHO.EDU
FAX: (208) 885-5170
PHONE: (208) 885-5173



APPLICATION ALSO AVAILABLE ON THE WEB: WWW.UIDAHO.EDU/CAMP

FIND US ON SOCIAL MEDIA: WWW.FACEBOOK.COM/UI.CAMP INSTAGRAM: [UIDAHO.CAMP](https://www.instagram.com/UIDAHO.CAMP) & [VICTOR UI CAMP](https://www.instagram.com/VICTORUI.CAMP)

CHECKLIST

Below is a checklist of items needed to complete your University of Idaho and CAMP applications. If you have any questions regarding the application, please contact CAMP Recruitment Specialist, Victor Canales-Gamiño, at (919) 308-5641 or e-mail victorc@uidaho.edu.

University of Idaho

- University of Idaho Application**
- \$60 Application fee *OR* fee waiver from Counselor** (For out-of-state students only)
- Copy of ACT *OR* SAT Scores**
- Official High School Transcripts**
- Official College Transcript** (if Applicable)

Only if Requested by Admissions Committee

- 3 Letters of Recommendation**
- Personal Goal Statement**

College Assistance Migrant Program

- CAMP Application** (See pages 1-2)
- Eligibility** (See below, and page 3)
- Confidential Recommendation** (See page 4)
- FAFSA/Copy of Student Aid Report**
- Copy of Family Medical Insurance Card or Medicaid Card** (if Covered)
- Copy of 2022 parent W2**
- Copy of 2022 student W2**

ELIGIBILITY

Students must:

- Be enrolled or be admitted for enrollment at the University of Idaho Moscow campus
- Be a US Citizen or US Permanent Resident (Deferred Action for Childhood Arrivals are ineligible for CAMP)
- Be eligible to receive Federal Financial aid (FAFSA)

And meet ONE of the following:

- Themselves have or have immediate family member who have spent a minimum of 75 days during the past 24 months in migrant/seasonal farmwork **OR**
- Have participated or are eligible to participate, in programs under part C of title I of the Elementary and Secondary Education Act of 1965 **OR**
- Have participated or are eligible to participate in Section 167 of the Workforce Investment Act of 1998

STUDENT INFORMATION

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

SOCIAL SECURITY #: _____ - _____ - _____ E-MAIL ADDRESS: _____

CITIZENSHIP: U.S. Citizen Permanent Resident, #: _____ *DACA are not eligible

LIST A RELATIVE WE COULD CONTACT FOR PERSONAL REFERENCES, OR IN CASE OF EMERGENCY:

Name: _____ Address: _____ Phone: (____) _____ - _____

PERSONAL DEMOGRAPHICS

SEX: Male Female DATE OF BIRTH: _____ AGE: _____

RACE/ETHNICITY:

Asian American/Pacific Islander Black/African American White/Caucasian Hispanic
 Native American, Tribal Affiliation: _____ Other: _____ Decline

MARITAL STATUS: Single Married Divorced Separated/Widowed

OTHER INFORMATION

HAVE YOU BEEN PART OF ANY TRIO PROGRAMS? If so, please circle one: (Talent Search, Upward Bound)

HOW DID YOU LEARN ABOUT CAMP?

School Counselor Friend Parent Teacher Former CAMP Student
 CAMP Representative other (please specify): _____

SCHOOL HISTORY

	<u>NAME OF SCHOOL</u>	<u>LOCATION</u> (City/State)	<u>DATE</u>
Elementary			
Middle School			
High School			

**Please complete thoroughly, this will help us find documentation about your participation in a Federal Migrant Education Program.*

***If you are not sure of the date, please give an approximate date.*

HIGH SCHOOL GRADUATION DATE: _____ or GED COMPLETION DATE: _____

HIGH SCHOOL: _____ or GED PROGRAM: _____

SCHOOL HISTORY

- Have you applied for Federal Financial Aid (FAFSA)? Yes No
If yes, have you received your Student Aid Report? Yes No

- Have you applied for Admissions to the University of Idaho? Yes No
If yes, have you been accepted? Yes No

- Have you completed your ACT or SAT? Yes No

- Have you participated in a running start or dual enrollment classes? If so, please fill out below:

College(s) Attended: (if any)	Date(s) Attended	Credits Completed	Credits in Progress	G.P.A

BRIEFLY STATE WHY YOU ARE INTERESTED IN STUDYING AT THE UNIVERSITY OF IDAHO: _____

STUDENT-PARENT TRANSCRIPT RELEASE AUTHORIZATION

I give consent to the associates of CAMP to obtain my (son's/daughter's) academic, financial, medical, and any state and government documents that will help him/her in their admission process/academic evaluation to the University of Idaho and/or CAMP.

I certify that the information on this application is true. If I am accepted to the University of Idaho CAMP, I agree to follow all rules and regulations established by the program. I agree to participate in the academic/support services provided by CAMP to assist me in completing my first year at UI.

STUDENT'S SIGNATURE: _____

DATE: _____

PARENT'S SIGNATURE: _____

DATE: _____

(If under 18 years of Age)

Please return this form to: UI CAMP, 875 Perimeter Drive MS 3030, Moscow, ID 83844-3030 (Mailing Address)
 camp@uidaho.edu (Email) (208) 885-7170 (Fax)

EMPLOYER VERIFICATION

MAILING ADDRESS:

COLLEGE ASSISTANCE MIGRANT PROGRAM
875 PERIMETER DRIVE MS 3030, MOSCOW, ID 83844-3030

EMAIL: CAMP@UIDAHO.EDU

FAX: (208) 885-5170

PHONE: (208) 885-5173

Farmwork will be verified through the following:

1. Copy of most recent W2 tax forms; **AND**
2. Form below (which must be filled by the employer):

_____ (Student's name)

_____ (Employee's name)

EMPLOYER'S NAME: _____ **COMPANY NAME:** _____

EMPLOYER'S ADDRESS: _____ **PHONE:** _____

This Student has applied to participate in the College Assistance Migrant Program at the University of Idaho. In order to be eligible, the student themselves, or their immediate family must have spent a minimum of 75 days during the past 24 months in migrant and/or seasonal farmwork.

Seasonal farmworker: is a person whose primary employment is farmwork (related to crops, dairy products, poultry, livestock, tree harvesting, or fish farms) on a temporary basis.

Migrant farmworker: is a seasonal farmworker whose employment requires travel that keeps him/her from returning to their permanent home within the same day.

NAME OF EMPLOYEE	TYPE OF WORK PERFORMED (i.e. Irrigating, hoeing, picking, plowing, planting, etc.)	TYPE OF AGRICULTURAL CROP	START DATE (In a given year)	END DATE (In a given year)	TOTAL DAYS (In a given year)
<i>EX: Joe Vandal</i>	<i>Hoeing</i>	<i>Sugar beets</i>	<i>May 2020</i>	<i>Aug 2020</i>	<i>95</i>

SIGNATURE OF EMPLOYER/SUPERVISOR: _____ **DATE:** _____

Please return this form to the above address.

OFFICE USE ONLY: CAMP Verification				Date: _____
<input type="checkbox"/> Phone Confirmation	<input type="checkbox"/> Pay Stub	<input type="checkbox"/> W2	<input type="checkbox"/> Other _____	Employee Initials: _____

CONFIDENTIAL RECOMMENDATION

(STUDENT'S NAME)

(STUDENT'S BIRTHDATE)

STUDENT: Please take this form to a teacher, counselor, or school administrator who knows your academic history. Ask this person to complete the form, and return to UI-CAMP:

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PRINT EVALUATOR NAME: _____ **TITLE:** _____

NAME OF SCHOOL/AGENCY: _____ **PHONE:** _____

This student has applied to participate in the University of Idaho CAMP. Please fill in the form, adding any appropriate comments as needed. The evaluation below will assist in determining our ability to provide supporting services.

STUDENT'S GPA: _____ **STUDENT'S ATTENDANCE:** _____
 (Excellent, Good, Fair, or Poor)

STUDENT'S PRIMARY AREAS OF INTEREST/APTITUDE AND ADDITIONAL COMMENTS: _____

IDENTIFIED WEAKNESSES/AREAS TO IMPROVE: _____

Is this student in need of special services? YES NO

ACADEMIC PREPARATION	STRONG	GOOD	AVERAGE	WEAK	VERY WEAK
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral/Written Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL QUALITIES					
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTENTIAL TO SUCCEED IN COLLEGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE: _____

DATE: _____