

### C.A.M.P. APPLICATION

UI-CAMP is a transitional freshman program which assists students coming from migrant/seasonal farm working backgrounds into the University of Idaho with financial, academic, and support services their first year.

### Please mail application to:

**COLLEGE ASSISTANCE MIGRANT PROGRAM** 

875 PERIMETER DRIVE MS 3030 MOSCOW, ID 83844-3030 (208) 885-5173 (PHONE) (208) 885-5170 (FAX) CAMP@UIDAHO.EDU (EMAIL)

## **CHECKLIST**

This is a list of information within the CAMP application needed in order to process your application. Please mail or fax all information as soon as possible. If you have any questions regarding the application, please contact Jesse Martinez at 1-888-884-3246, Ext. 5173 or send an e-mail to <a href="mailto:camp@uidaho.edu">camp@uidaho.edu</a>

| <u>University of Idaho</u>                                 | College Assistance Migrant Program           |
|--|--|
| ☐ University of Idaho Application                          | ☐ <b>CAMP Application</b> (See pages 1-2)    |
| <ul><li>\$50 Application fee/Request waiver from</li></ul> | ☐ <b>Eligibility</b> (See below, and page 3) |
| Counselor  | ☐ Confidential Recommendation (See page 4    |
| □ Copy of either ACT or SAT Scores                         | ☐ FAFSA-Copy of Student Aid Report           |
| ☐ Official Current High School Transcripts                 | □ Copy of Family Medical Insurance Card,     |
| ☐ Official College Transcript (if Applicable)              | Medicaid Card (if Covered)                   |
| ☐ 3 Letters of Recommendation from                         | ☐ Copy of last year's parent/student taxes   |
| counselors (may need later)                                | ☐ Copy of last year's parent/student W2's    |
| ☐ Personal Goal Statement (may need later)                 |  |
|  |  |

## **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
- Be eligible to receive Financial aid (FAFSA)

### And meet **ONE** of the following:

- Themselves or whose immediate family have spent a minimum of 75 days during the past 24 months in migrant/seasonal farmwork <u>OR</u>
- Have participated or are eligible to participate, in programs under part C of title I of the Elementary and Secondary Education Act of 1965 <u>OR</u>
- Have participated or are eligible to participate, in Section 167 of the Workforce Investment Act of 1998 (Community Council of Idaho provides this service)

## STUDENT INFORMATION

| FIRST NAME:                    | MIDDLE NAME:  | LAST NAME:                                    |                 |
|--------------------------------|---|---|-----------------|
| ADDRESS:                       | CITY:   | STATE:  | ZIP:            |
| COUNTY:                        | HOME PHONE: (   | ) CELL PHONE:                                 |                 |
| SOCIAL SECURIT                 | Y #: E-MAIL ADDF  | RESS:   |                 |
| CITIZENSHIP:                   | J.S. Citizen ☐ Permanent Resident, #:_  |   |                 |
| LIST A RELATIVE                | WE COULD CONTACT FOR PERSONAL R   | EFERENCES, OR IN CASE OF E                    | MERGENCY:       |
| Name:                          | Address:  | Phone:  | ()              |
| PERSONAL DEM                   | OGRAPHICS (Optional)  |   |                 |
| <b>SEX:</b> □ Male □           | Female DATE OF BIRTH:   | AGE:  |                 |
|                                | f:<br>n/Pacific slander □ Black/African Ame<br>an, Tribal Affiliation:                                  | · ·   | •               |
| MARITAL STATU                  | S: ☐ Single ☐ Married ☐ Divorced  | ☐ Separated/Widowed                           |                 |
| OTHER INFORMA                  | <b>ATION</b>  |   |                 |
| HOW DID YOU L  ☐ School Counse | PART OF ANY TRIO PROGRAMS? If so, EARN ABOUT CAMP?  elor  | acher 🗆 Former CAMP Stu                       | dent            |
|                                | SCHOOL  | HISTORY                                       |                 |
|                                |   |   |                 |
| Florentoni                     | NAME OF SCHOOL  | LOCATION (City/State)                         | <u>DATE</u>     |
| Elementary                     |   |   |                 |
| Middle School                  |   |   |                 |
| High School                    |   |   |                 |
| •                              | oughly, this will help us find documentation about you<br>of the date, please give an approximate date. | <br>ur participation in a Federal Migrant Edu | cation Program. |
| HIGH SCHOOL G                  | RADUATION DATE:   | or GED COMPLETION DATE:                       |                 |
| HIGH SCHOOL: _                 |   | or GED PROGRAM:                               |                 |

# SCHOOL HISTORY

| Have you applied for Federa  If you have you received your             | • • •                       |                       | □ Yes                | □ No         |
|--|-----------------------------|-----------------------|----------------------|--------------|
| <i>If yes,</i> have you received yo                                    | □ Yes                       | □ No                  |                      |              |
| Have you applied for Admiss  | sions to the University o   | f Idaho?              | □ Yes                | □ No         |
| <i>If yes,</i> have you been accept                                    | •                           |                       | □ Yes                | □ No         |
| Have you completed your Act  | CT or SAT?                  |                       | □ Yes                | □ No         |
| Have you participated in a ru  | unning start or dual enro   | ollment classes? If s | o, please fill out I | oelow:       |
| College(s) Attended: (if any)  | Date(s) Attended            | Credits Completed     | Credits in Progress  | G.P.A        |
|  |                             |                       |                      |              |
|  |                             |                       |                      |              |
| DDIEELV CTATE WAY VOLLAGE INTE   | DESTED IN STUDYING A        | T THE HAIN/EDCITY     | OE IDAHO.            |              |
| BRIEFLY STATE WHY YOU ARE INTE   | KESTED IN STUDYING A        | I THE UNIVERSITY      | OF IDAHO:            |              |
|  |                             |                       |                      |              |
|  |                             |                       |                      |              |
|  | <del></del>                 |                       |                      |              |
|  |                             |                       |                      |              |
|  |                             |                       |                      |              |
| STUDENT-PARENT   | TRANSCRID                   | Γ R F I F Λ S F       | ∧I ITH∩RI            | 7ATION       |
| STODENT-PARENT   | INANSCRIP                   | INLLEASE              | AUTHUNI              | ZATION       |
|  |                             |                       |                      |              |
| I give consent to the associates of C                                  | •                           | -                     |                      | =            |
| state and government documents t<br>the University of Idaho and/or CAM | •                           | their admission pro   | cess/academic e      | valuation to |
| I certify that the information on this                                 | s application is true. If I | am accepted to the    | University of Ida    | ho CAMP, I   |
| agree to follow all rules and regulat                                  | • •                         | •                     | •                    |              |
| support services provided by CAMP                                      | to assist me in complet     | ing my freshman ye    | ar at the U of I.    |              |
| STUDENT'S SIGNATURE:   |                             | DAT                   | E:                   |              |
| PARENT'S SIGNATURE:  |                             | DAT                   | E:                   |              |
| (If under 18 years of Age)   |                             | <del> </del>          |                      |              |

## IPLOYER VERIFICATION

Farm work will be verified through the following:

2. Form below (which must be filled by the employer):

1. Copy of most recent W2 tax forms; and

#### **COLLEGE ASSISTANCE MIGRANT PROGRAM**

875 PERIMETER DRIVE MS 3030 MOSCOW, ID 83844-3030

(208) 885-5173 (PHONE)

(208) 885-5170 (FAX)

CAMP@UIDAHO.EDU (EMAIL)

| EMPLOYER'S NAME:    | COMPANY NAME:    |  |
|---------------------|------------------|--|
|                     |                  |  |
| EMPLOYER'S ADDRESS: | PHONE:           |  |
| EMPLOYER'S ADDRESS: | PHONE:           |  |
| D                   | Da.              |  |
| Re:                 | Re:              |  |
| (Employee's name)   | (Student's name) |  |

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 seasonal farmwork.

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

Migrant farm worker: is a seasonal farm worker 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<br>AGRICULTURAL<br>CROP | START DATE (In a given year) | END<br>DATE<br>(In a given<br>year) | TOTAL DAYS (In a given year) |
|------------------|--|---------------------------------|------------------------------|-------------------------------------|------------------------------|
|                  |  |                                 |                              |                                     |                              |
|                  |  |                                 |                              |                                     |                              |
|                  |  |                                 |                              |                                     |                              |

| SIGNATURE OF EMPLOYER/SUPERVISOR: DATE:        |  |         |  |      |               |  |
|--|--|---------|--|------|---------------|--|
| Please return this form to the above address.  |  |         |  |      |               |  |
| OFFICE USE ONLY: CAMP \ □ Phone Confirmation □ |  | □ Other |  | Empl | oyee Initials |  |
|  |  | Page    |  |      |               |  |

## **CONFIDENTIAL RECOMMENDATION**

| (STUDENT'S NAME)  STUDENT: Please take this form to a teacher, couns School administrator, or employer who knows you. I This person to complete the form, and return to UI- CAMP in a sealed envelope at: |        | (STUDENT'S BIRTHDATE) |                |                     |  |
|---|--------|-----------------------|----------------|---------------------|--|
|   |        | •                     |                | RIVE MS 3030 M<br>( | CE MIGRANT PROGRA<br>OSCOW, ID 83844-30<br>208) 885-5173 (PHON<br>(208) 885-5170 (FA<br>@UIDAHO.EDU (EMA |
| PRINT EVALUATOR NAME:   |        |                       | TITLE:         |                     |  |
| NAME OF SCHOOL/AGENCY:  |        |                       | PHONE:         |                     |  |
| his student has applied to part   |        |                       |                |                     |  |
| ppropriate comments as need   | •      | •                     |                |                     |  |
| succeed in a four-year academic   |        |                       |                | 0                   | ,  |
| STUDENT'S GPA:  |        | STUDENT               | Γ'S ATTENDANCE |                     |  |
| TODENT S GFA.   |        | STODEN                | 1 3 ATTENDANCE |                     | Good, Fair, or Poor)   |
| DENTIFIED WEAKNESSES/ARE  | Strong | Good                  | Average        | Weak                | Very Weak  |
| ACADEMIC PREPARATION  | outong | Coou                  | Average        | Treak               | Tery Treak   |
| Mathematics   |        |                       |                |                     |  |
| Oral/Written Skills   |        |                       |                |                     |  |
| Reading   |        |                       |                |                     |  |
| PERSONAL QUALITIES  |        |                       |                |                     |  |
| Self-Motivation   |        |                       |                |                     |  |
| Self-Discipline   |        |                       |                |                     |  |
| Leadership  |        |                       |                |                     |  |
| Enthusiasm  |        |                       |                |                     |  |
| Cooperation   |        |                       |                |                     |  |
| Relating to others  |        |                       |                |                     |  |
| POTENTIAL TO SUCCEED  |        |                       |                |                     |  |
| IN COLLEGE  |        |                       |                |                     |  |
| SIGNATURE:  |        |                       | DAT            | ·c ·                |  |