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)

APPLICATION ALSO AVAILABLE ON THE WEB: WWW.UIDAHO.EDU/CAMP
LIKE US ON FACEBOOK: WWW.FACEBOOK.COM/UICAMPVIP
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 camp@uidaho.edu.

**University of Idaho**

- University of Idaho Application
- $60 Application fee/Request waiver from Counselor
- Copy of either ACT or SAT Scores
- Official Current High School Transcripts
- Official College Transcript (if Applicable)
- 3 Letters of Recommendation from counselors (may need later)
- Personal Goal Statement (may need later)

**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, Medicaid Card (if Covered)
- Copy of last year’s parent/student taxes
- Copy of last year’s parent/student W2’s

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**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 Federal 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 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 (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 SECURITY #: ______-______-______ E-MAIL ADDRESS: ________________________________________

CITIZENSHIP: ☐ U.S. Citizen ☐ Permanent Resident, #: __________________________

LIST A RELATIVE WE COULD CONTACT FOR PERSONAL REFERENCES, OR IN CASE OF EMERGENCY:
Name: ___________________ Address: ___________________ Phone: (____) ______-______

PERSONAL DEMOGRAPHICS (Optional)

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

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>LOCATION (City/State)</th>
<th>DATE</th>
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<tbody>
<tr>
<td>Elementary</td>
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<tr>
<td>Middle School</td>
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<tr>
<td>High School</td>
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*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: __________________________________
• Have you applied for Federal Financial Aid (Pell)? □ 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:

<table>
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<tr>
<th>College(s) Attended: (if any)</th>
<th>Date(s) Attended</th>
<th>Credits Completed</th>
<th>Credits in Progress</th>
<th>G.P.A</th>
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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 freshman year at the U of I.

STUDENT’S SIGNATURE: ________________________________ DATE: __________________________

PARENT’S SIGNATURE: ________________________________ DATE: __________________________
(If under 18 years of Age)
Farm work 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):

---

**EMPLOYER’S NAME:** __________________________  **COMPANY NAME:** __________________________

**EMPLOYER’S ADDRESS:** __________________________  **PHONE:** __________________________

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.

<table>
<thead>
<tr>
<th>NAME OF EMPLOYEE</th>
<th>TYPE OF WORK PERFORMED</th>
<th>TYPE OF AGRICULTURAL CROP</th>
<th>START DATE (In a given year)</th>
<th>END DATE (In a given year)</th>
<th>TOTAL DAYS (In a given year)</th>
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**SIGNATURE OF EMPLOYER/SUPERVISOR:** __________________________  **DATE:** __________________________

*Please return this form to the above address.*

**OFFICE USE ONLY:** CAMP Verification
- ☐ Phone Confirmation
- ☐ Pay Stub
- ☐ W2
- ☐ Other__________________________  Employee Initials___________
STUDENT: Please take this form to a teacher, counselor, School administrator, or employer who knows you. Ask This person to complete the form, and return to UI- CAMP in a sealed envelope at:

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, attaching any appropriate comments as needed. The evaluation below will assist in determining the student’s potential to succeed in a four-year academic degree program.

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: ________________________________________________

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<th>ACADEMIC PREPARATION</th>
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<th>Good</th>
<th>Average</th>
<th>Weak</th>
<th>Very Weak</th>
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<th>PERSONAL QUALITIES</th>
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<th>Average</th>
<th>Weak</th>
<th>Very Weak</th>
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<td>Relating to others</td>
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</table>

POTENTIAL TO SUCCEED IN COLLEGE: □ □ □ □ □

SIGNATURE: ________________________________ DATE: __________________________