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:
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/UIDAHO.CAMP
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, at 1-888-884-3246, Ext. 5173 or e-mail camp@uidaho.edu.

**University of Idaho**
- University of Idaho Application
- $60 Application fee or fee waiver from Counselor
- Copy of ACT or SAT Scores
- Official High School Transcripts
- Official College Transcript (if Applicable)
- 3 Letters of Recommendation from counselors (if requested)
- Personal Goal Statement (if requested)

**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 last year’s parent/student W2’s

**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 (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, #:___________________________ *DACA are not eligible

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

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<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>LOCATION (City/State)</th>
<th>DATE</th>
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<tbody>
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<td>Elementary</td>
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<td>Middle School</td>
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<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 (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:

<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):

_________________________ ____________________________
(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 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 (i.e. Irrigating, hoeing, picking, plowing, planting, etc.)</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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<tr>
<td>EX: Joe Vandal</td>
<td>Hoeing</td>
<td>Sugar beets</td>
<td>May 2014</td>
<td>Aug 2014</td>
<td>95</td>
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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:________

Date: __________________________
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 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

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<th>ACADEMIC PREPARATION</th>
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<th>Good</th>
<th>Average</th>
<th>Weak</th>
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<td>Relating to others</td>
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SIGNATURE: ___________________________ DATE: ___________________________