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 & VICTOR UI 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-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

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

*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>
<thead>
<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>
</tr>
</thead>
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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 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)*
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):

<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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EX: Joe Vandal</strong></td>
<td>Hoeing</td>
<td>Sugar beets</td>
<td>May 2020</td>
<td>Aug 2020</td>
<td>95</td>
</tr>
</tbody>
</table>

**Please return this form to the above address.**
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:

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

<table>
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<tr>
<th>ACADEMIC PREPARATION</th>
<th>STRONG</th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>WEAK</th>
<th>VERY WEAK</th>
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<tr>
<td>Mathematics</td>
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<td>☐</td>
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<td>Oral/Written Skills</td>
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<tr>
<td>Relating to others</td>
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</tbody>
</table>

| POTENTIAL TO SUCCEED IN COLLEGE | ☐ | ☐ | ☐ | ☐ | ☐ |

SIGNATURE: _____________________________ DATE: _____________________________