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
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, Brenda Garcia, at (360) 521-3761 or e-mail brendagarcia@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)

**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 2019 parent W2
- Copy of 2019 student W2

**Only if Requested by Admissions Committee**
- 3 Letters of Recommendation
- Personal Goal Statement

**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
 COLLEGE ASSISTANCE MIGRANT PROGRAM

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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<tbody>
<tr>
<td>Elementary</td>
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<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: ____________________________
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:

<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>
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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):

____________________ ____________________ __________________
(Student’s name) (Employee’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.

<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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<tbody>
<tr>
<td>EX: Joe Vandal</td>
<td>Hoeing</td>
<td>Sugar beets</td>
<td>May 2019</td>
<td>Aug 2019</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, 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

ACADEMIC PREPARATION

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PERSONAL QUALITIES

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POTENTIAL TO SUCCEED IN COLLEGE

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