



COLLEGE ASSISTANCE MIGRANT PROGRAM

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## APPLICATION FORM

### Return Application to:

College Assistance Migrant Program  
California State University, Fresno  
5241 North Maple Avenue, M/S TA 61  
Fresno, California 93740-8023  
Phone: (559) 278-7713 & (559) 278-4768  
Fax: (559) 278-6654

### What does CAMP do?

The College Assistance Migrant Program (CAMP) at Fresno State provides supportive and retention services to college students from migrant and seasonal farm working families. CAMP works with campus faculty, staff, student services programs, and community based agencies to improve educational opportunities for CAMP students.

### Is CAMP for me?

If you are entering Fresno State and have a migrant or seasonal farm working background, or if you're an identified migrant student, CAMP is for you. As a support & retention service program, we are concerned with helping you stay in school. We will help you explore your academic and career choices and make sure that you have the information you need to help attain your future goals.

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### Other CAMP's in California

*California State University*  
Bakersfield  
(661) 664-3212

*California State University*  
Fresno  
(559) 278-7713

*California State University*  
Long Beach  
(562) 985-2002

*California State University*  
Sacramento  
(916) 278-7241

*California State University*  
San Marcos  
(760) 750-4280

*California State University*  
Monterey Bay  
(707) 664-3206

*Community College*  
Mendocino-Lake  
(707) 468-3112

*Community College*  
West Hills  
(559) 934-3691

*Community College*  
Santiago Canyon  
(714) 628-5034

APPLICANT NAME

**PERSONAL INFORMATION**

PLEASE PRINT OR TYPE

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Fresno State ID: \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Middle Name

Current Email \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
Number & Street City Zip

Home Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Alternate Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Name & Relationship \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Birthplace \_\_\_\_\_  
City State Country

Gender  Male  Female

Ethnic Background: (Check one)  African-American  Filipino(a)  Native American  
 Anglo American  Asian/Pacific Islander  Other \_\_\_\_\_  
 Hispanic • Mexican-American • Chicano(a)

Do you plan on applying for Financial Aid?  Yes  No

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_  
Last Name First Name Middle Name

Father's Work \_\_\_\_\_  
Position Company Name

Mother's Name \_\_\_\_\_  
Last Name First Name Middle Name

Mother's Work \_\_\_\_\_  
Position Company Name

Number of people in household  Estimated yearly Family income

What language is most spoken at home?  
 Spanish • Español  Hmong • Hmoob  English  Other: \_\_\_\_\_

Did anyone of your parents or legal guardian graduate from college?  Yes  No

Did anyone in the family ever attend college?  Yes  No

Who attended \_\_\_\_\_ Which College \_\_\_\_\_  
Graduated?  Yes  No

Who attended \_\_\_\_\_ Which College \_\_\_\_\_  
Graduated?  Yes  No



\_\_\_\_\_

APPLICANT NAME

**CAMP PROGRAMS TO WHICH YOU ARE APPLYING**

- CSU, Bakersfield       CSU, Fresno       CSU, Long Beach
- CSU, Sacramento       CSU, San Marcos       CSU, Monterrey Bay
- Santiago Canyon C.C.       West Hills C.C.       Mendocino-Lake C.C.

**AUTOBIOGRAPHICAL STATEMENT**

On a separate sheet of paper, please type an essay of no less than 250 words. Describe in detail the following three points:

- Why an education is important to you
- What motivates you to succeed academically
- Who has motivated you to do well in school

You may add additional comments that you would like us to know about you. Your autobiographical statement is an important part of your application, so be sure to take the time to write a good autobiography. Include your signature and the date.

**STUDENT PERMISSION TO RELEASE RECORDS**

I understand that it may be necessary for the CAMP program staff to obtain records from other Fresno State departments in order to verify my current academic and financial status. I give my permission for such records to be obtained.

Student Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR OFFICE USE ONLY**

Eligible for CAMP  Yes  No  
Date eligible \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If eligible for CAMP, type of verification used  
 Verification Form  
 HS Migrant Education ID #

CAMP Director  
Signature \_\_\_\_\_  
Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLETE YOUR APPLICATION**

**CHECK LIST**

Your application will not be considered until all of these additional forms have been received.

Please send these forms by fax, mail, or deliver them in person to the Fresno State CAMP Office.

It is preferred that applicants gather all these necessary sections of the application and then submit them as one completed package.

CAMP Application (5 pages)

- Page 1 • Personal Info.
- Page 2 • Education
- Page 3 • CAMP Programs
- Page 4 • Verification
- Page 5 • Recommendation

Autobiographical Statement  
look to the left side of this page

- High School Transcripts
  - unofficial are okay for CAMP
  - official are required by Fresno State Admissions
  - must show all your classes, including the classes in which you are enrolled senior year. It is okay if the transcripts do not yet show your grades for senior classes.

- Photograph
  - a high school picture of yourself
  - optional at time of application

\_\_\_\_\_

APPLICANT NAME

**VERIFICATION OF STATUS**

**INSTRUCTIONS TO THE STUDENT**

In order to be considered for priority admission to CAMP, an applicant must complete both verification sections on this page. Students, who complete only one verification section, will still be considered as secondary candidates.

- "Verification of Migrant Education Status"
- "Verification of Farmworker Employment Status"

The "Verification of Farmworker Employment Status" portion of this page, should be completed, as much as possible, by the student and family. Take the form to the employer for completion, especially the signature. Return this form as soon as possible to the CAMP program. The mailing address is shown below.

**VERIFICATION OF MIGRANT EDUCATION STATUS**

High School Migrant Education Identification #: \_\_\_\_\_  
Can be obtained from your Migrant Counselor

**Special Note:** Even if you have a Migrant Education Identification Number, you are still encouraged to complete the next section, titled "Verification of Farmworker Employment Status".

**VERIFICATION OF FARMWORKER EMPLOYMENT STATUS**

Dear Employer:

The following student, \_\_\_\_\_, has applied to the College Assistance Migrant Program (CAMP) at California State University, Fresno. In order to be **eligible** for the program the student must be a migrant/seasonal farmworker (or the dependent of a migrant/seasonal farmworker) **who have worked a minimum of 75 days within the past (2) two years**. The student has indicated that the person listed below has been/was employed by you as a farmworker within the last two years. The purpose of this form is for you to verify his/her employment.

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Fresno, CA 93740-8023  
Phone: (559) 278-4768

For purpose of the program, the farmwork may include any activity directly related to the production of crops, dairy products, poultry or livestock, or the cultivation or harvesting of trees, or any activity directly related to fish farms. This farmwork includes work performed for either wages or personal subsistence on a farm, ranch or similar establishments.

Name of Employee \_\_\_\_\_  
Last Name First Name Middle Name

Dates Worked Beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ending \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of Farmwork \_\_\_\_\_

Total number of days worked in the past two years

I certify that the information provided is complete and accurate according to our records.

Name of Employer \_\_\_\_\_  
Company Name

Mailing Address \_\_\_\_\_  
Number & Street City Zip

Business Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



APPLICANT NAME

**LETTER OF RECOMMENDATION**

Please detach this page and have a teacher or counselor complete the letter or recommendation.

Student Name \_\_\_\_\_  
Last Name First Name Middle Name

Student Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**RECOMMENDED BY**

Reference Name \_\_\_\_\_  
Last Name First Name Middle Name

Position Title \_\_\_\_\_

School \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mailing Address \_\_\_\_\_  
Number & Street City Zip

Please comment on the student's academic performance.

**ACADEMIC PERFORMANCE EVALUATION**

Check only one box on each line		Excellent	Good	Fair	Needs Improvement	No Comment
English	Oral					
	Writing					
	Reading					
Math						
Academic Discipline						
Attendance						
Extracurricular Involvement						

**ADDITIONAL COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_