

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 (____) ____ - ____

Alternate Phone Number(s) (____) ____ - ____ (____) ____ - ____

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)

Have you ever applied 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 grandparents 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 Community College West Hills Community College

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 an 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.

After completing this form please return to: College Assistance Migrant Program
5240 N. Jackson Avenue, M/S UC35
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 Last Name First Name Middle Name

Mailing Address Number & Street City Zip

Business Phone Number

Employer Signature

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 ____ / ____ / ____