

College Assistance Migrant Program

Telephone: (559) 278-4768 • Fax: (559) 278-6654
5241 North Maple Ave, M/S TA61, Fresno, CA 93740-8023

What is CAMP?

The College Assistance Migrant Program (CAMP) at Fresno State provides supportive and retention services to freshman college students from migrant or seasonal farm working families.

PERSONAL INFORMATION

PLEASE PRINT IN BLUE OR BLACK INK

Student Name *Exactly as it appears on your high school transcripts*

First Middle Last

Date of Birth

T-Shirt Adult Size

Birthplace

City State Country

Current Email

Permanent Mailing Address

Number & Street City Zip Code

Home Phone Number

Cell Phone

Alternate Phone Number

Alternate Phone Owner

Application Date _____

Fresno State ID # _____

Gender

Male

Female

Ethnic Background

African-American

Filipino(a)

American Indian

Anglo American

Asian/Pacific Islander

Hispanic • Mexican-American • Chicano(a)

Other

FAMILY

PLEASE PRINT IN BLUE OR BLACK INK

Father's Name

First Middle Last

Father's Work

Position Company Name

Mother's Name

First Middle Last

Mother's Work

Position Company Name

Did anyone in your family ever attend college? Yes No

Did any of them graduate? Yes No

Did one of your Parents or Legal Guardians graduate from college? Yes No

Who attended? _____

Which College? _____

Number of People in Household _____

Estimated Yearly Family Income _____

What language is most spoken at home?

Spanish • Español

Hmong • Hmoob

English

Other _____

EDUCATION

PLEASE PRINT IN BLUE OR BLACK INK

High Schools Attended

School Name (Spell it out) City State

School Name (Spell it out) City State

Colleges/Universities Attended

School Name (Spell it out) City State

School Name (Spell it out) City State

Expected major(s) at Fresno State? _____

Did you participate in a Fresno State CAMP event? (ie., student college conference, parent conference, leadership academy, or summer program) Yes No

If Yes, which did you attend? _____

Event Name (Spell it out)

When?

H.S. Graduation Date _____
Day/ Month/ Year

Your A-G Grade Point Average _____

This is your 10th - 11th College Preparatory classes only.

Have you completed these college admission exams?

American College Test (ACT)

Yes No Date Taken: _____

Scholastic Aptitude Test (SAT)

Yes No Date Taken: _____

APPLICANT NAME

FORMS REQUIRED TO COMPLETE YOUR FRESNO STATE CAMP APPLICATION

Please submit the forms indicated below by fax, mail, or deliver them in person to the Fresno State CAMP office. It is preferred that applicants gather all the sections and then submit them as one complete package. Check off boxes as you complete them.

CAMP Application (4 pages):

- Page 1 • Personal Information Page 2 • Questionnaire Page 3 • Verification Page 4 • Recommendation
- High School Transcripts *(must show Senior year classes in progress; unofficial are acceptable for CAMP).*
- Copy of ACT/SAT Test Scores *(if already taken)*, or Proof of Test Registration

PERSONAL QUESTIONNAIRE *PLEASE PRINT IN BLUE OR BLACK INK*

Please carefully write your answers to the following questions in your most positive, confident, and determined voice. This is your opportunity to inspire us to select you as a serious student, an active team member, and a future leader at the university.

Why is pursuing a higher education important to you? _____

What motivates you to succeed academically? _____

Describe how either your family or other support systems will help you to complete your college education. _____

CONSENT TO DISCLOSE INFORMATION OF STUDENT 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's Signature _____ Date _____

APPLICANT NAME

CAMP PROGRAMS IN CALIFORNIA TO WHICH YOU ARE APPLYING

PLEASE NOTE: 1. You may use this Fresno State application to apply to each of the following CAMP programs.
2. However, you must send an individual copy of the entire application package directly to each program.

- CSU, Bakersfield
CSU, Fresno
CSU, Long Beach
CSU, Sacramento
CSU, San Marcos
CSU, Monterey Bay
Santiago Canyon College
Mendocino Community College
West Hills Community College District

STUDENT'S ELIGIBILITY STATUS

Eligibility to apply to CAMP must be demonstrated by either one or both of the following forms of verification.

- Verification of Migrant Education Status
Verification of Farm Work Employment Status

VERIFICATION OF FARM WORKER'S EMPLOYMENT STATUS PLEASE PRINT IN BLUE OR BLACK INK

Name of Employee
Type of Seasonal Farm Work
Date Work Began
Date Work Ended
Total # of work days worked within the past two years
Name of Business
Business Mailing Address
Business Phone Number
Employer Representative
Representative Title
Representative Signature
Date of Signature

Dear Employer:
This is a request for verification of employment for the employee listed at left.
This verification will allow the employee or employee's family member to apply for additional academic support services at Fresno State CAMP, which are only available to recently employed seasonal farm workers who have worked a minimum of 75 days within the past (2) two years.
For purpose of this verification, farm work 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 farm work includes work performed for either wages or personal subsistence on a farm, ranch or similar establishments.
After completing this form please return to:
College Assistance Migrant Program
5241 N. Maple Avenue, M/S TA 61
Fresno, CA 93740-8023
Fax: (559) 278-6654

OFFICE USE ONLY

Recruitment Staff Review
CAMP Director's Review
Migrant Education Program
Employer Contact Name
Contact Title
Type of work
Seasonal work
75 days w/in past 2 years
Recruitment Staff Name
Date & Time
Eligible for CAMP
CAMP Director's Signature
Date Signed
Comments

APPLICANT NAME

RECOMMENDATION FORM PLEASE PRINT IN BLUE OR BLACK INK

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

Student Name _____
First Middle Last

Student Phone Number _____

Reference Name _____
First Middle Last

Reference Job Title _____

School or Business Name _____ City _____

Reference Phone Number _____ Reference Email _____

ACADEMIC PERFORMANCE EVALUATION PLEASE PRINT IN BLUE OR BLACK INK

Please comment on the student's academic performance in the following areas. A separate letter of recommendation is only recommended if the applicant will need "Special Admission" into the University.

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 _____