

**Northern New Mexico College
College Assistance Migrant Program (CAMP)
Application Packet**



921 N. Paseo de Oñate
Rm. AD 241
Española, NM 87532

The College Assistance Migrant Program (CAMP) at Northern New Mexico College (NNMC) provides academic support and retention services to college students from migrant and seasonal farm working families. CAMP works with campus faculty, student services and community-based agencies to help CAMP students persist through their first year of college and graduate with Associate and/or Bachelor degrees.

CAMP is funded by a grant from the U.S. Department of Education under the auspices of the Office of Migrant Education.

Northern New Mexico College CAMP Application

The following items must be included in the application packet for consideration to NNMC College Assistance Migrant Program:

1. Two (2) letters of recommendation (i.e. from teacher, counselor, employer. NOT a family member)
2. Employee Verification Form of Seasonal Work or a Certificate of Eligibility (COE) from the public schools Migrant Education Program (MEP)
3. A copy of final High School or GED transcripts
4. A copy of ACT/SAT or COMPASS test scores
5. Personal Statement/Essay*

***On a separate sheet of paper, complete a minimum one-page, typed, 12 pt. font, double-spaced essay addressing all the questions listed below:**

- a. Tell us a little bit about yourself.
- b. What types of migrant/seasonal farm work have you or your immediate family performed?
- c. What are your career goals and aspirations?
- d. What do you foresee as your biggest challenges in college?
- e. How do you think CAMP can help you succeed in college?

All CAMP Applicants must also:

1. Be admitted to NNMC
2. Have submitted the Federal Student Aid (FAFSA) You can apply at the following website www.fafsa.ed.gov or contact the CAMP Program for assistance.

Section 1—Personal Information and Assessment Inventory

_____	_____	__	_/_/____	_____
First Name	Last Name	M.I.	DOB	Student ID

Mailing Address	Physical Address (if different)
Street/PO Box: _____	Street: _____
City: _____ State: _____ Zip code: _____	City: _____ State: _____
Cell Phone: (____) _____	Home Phone: (____) _____ Zip Code: _____
E-mail address: _____	

Eligibility

Are you (or will you be) a first-year (freshman) student at NNMC for the 2013-2014 academic year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are a transfer college student, do you have less than 24 credits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a US Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, are you a US Legal Permanent Resident (LPR)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are a US LPR, what is you're A# ? _____		
Are you eligible to receive federal financial aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you submitted the FAFSA (Free Application for Federal Student Aid)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Those who qualify based on the conditions identified above must also meet one of the following requirements:

• Have you, your parents, or your immediate family members worked at least 75 days in the past 24 months in migrant or seasonal farmwork, which includes crop, dairy, poultry, livestock production, cultivation or harvesting of trees, or fish farming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Have you participated in a Title I, Migrant Education Program (MEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Have you enrolled in a High School Equivalency Program (HEP) within the last 12 months and successfully completed the GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Have you qualified for the Workforce Investment Act (WIA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Assessment Factors		
Within the past 4 years, did you take English as a Second Language (ESL) classes or were you identified as an English Language Learner (ELL)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many? _____ Do they live with you? _____		
Do either of your parents have a 4-year college degree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within the past 4 years, have you relocated from your home or permanent residence? If yes, how many times? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you drop out of high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to a computer at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to the internet at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check services of interest (all that apply):		
<input type="checkbox"/> Academic Advising	<input type="checkbox"/> Book Loan Program	<input type="checkbox"/> Peer Mentoring
<input type="checkbox"/> First Year Experience Course	<input type="checkbox"/> Cultural Enrichment	<input type="checkbox"/> Personal Counseling
<input type="checkbox"/> Career Guidance	<input type="checkbox"/> Financial Literacy	<input type="checkbox"/> Tutoring
<input type="checkbox"/> College Orientation	<input type="checkbox"/> Financial Support	<input type="checkbox"/> Tech/Computer Labs
<input type="checkbox"/> College Success Workshops	<input type="checkbox"/> Study Skills	<input type="checkbox"/> Other: _____

Tell us how you learned about NNMC CAMP:		
<input type="checkbox"/> HS Staff/Faculty	<input type="checkbox"/> Friend	<input type="checkbox"/> Referral-agency or program
<input type="checkbox"/> HS Counselor	<input type="checkbox"/> MEP K-12 program	<input type="checkbox"/> NNMC Recruiter
<input type="checkbox"/> NNMC CAMP	<input type="checkbox"/> HEP Program	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Website		

Section 2—Academic Background	
<p>High School Information</p> <p>High School attending/attended: _____</p> <p>Expected graduation date (month/year): _____</p> <p>Did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When: _____ Mo./Yr.</p> <p>Were you a HEP GED graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Dual Credit Program/College Information</p> <p>Name of College attending/attended: _____</p> <p>Courses taken: _____ _____</p> <p>Number of Credits earned: _____</p> <p>Did/will you earn a degree/certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when? _____ Mo./Yr.</p>

Section 3—Family Contact Information	
<p>Relation to Student:</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip code: _____</p> <p>Home Phone: _____ Cell phone: _____ () _____ () _____</p> <p>E-mail address: _____</p> <p>Educational Background</p> <p>Highest level of education completed: _____</p> <p>Emergency Contact <input type="checkbox"/> Same as above</p> <p>Name: _____</p> <p>Relationship: _____</p>	<p>Relation to Student:</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip code: _____</p> <p>Home Phone: _____ Cell phone: _____ () _____ () _____</p> <p>E-mail address: _____</p> <p>Educational Background</p> <p>Highest level of education completed: _____</p> <p><input type="checkbox"/> Other</p> <p>Phone Number: _____</p>

Section 4— Signature and Authorization

I understand that in order to be accepted and receive services from this federally-funded program, CAMP requires access to student records. I therefore authorize the College Assistance Migrant Program staff to have access to my records at Northern New Mexico College. This information will be held in the strictest confidence. Records may include:

- Grades, transcripts and enrollment documents
- Financial aid information
- Government and State agency documents
- Records of tests taken for assessment purposes at NNMC or other institutions

I authorize CAMP Staff to contact the individuals who provided a reference on my behalf. I certify to the best of my knowledge, the information I have provided on this application form are complete and true. Failure to disclose and submit complete and accurate information may result in the denial of acceptance to NNMC's College Assistance Migrant Program.

Signature _____

Date _____

Please mail in or hand carry complete CAMP application to:

Northern New Mexico College-CAMP
 c/o Claudia Elizalde
 921 N. Paseo de Oñate
 Joseph Montoya Administration Bldg., Room AD 241
 Española, NM 87532

ELIGIBILITY VERIFICATION FORM OF SEASONAL WORK

Applicant's Name: _____

In order to be eligible for services provided by the College Assistance Migrant Program (CAMP) under the guidelines established by the US Department of Education, a student or his/her immediate family member must have worked at least 75 days within the last two years in agriculture as a seasonal or migrant farmworker for wages. *This includes any activity directly related to the production of crops, dairy products, poultry, or livestock, the cultivation or harvesting of trees, or fish farms.* If you have any questions regarding this form please contact NNMC CAMP.

SECTION A: This section is to be completed by the employer or agency representative.

Name of Company/Farm _____ Name of Employer or Supervisor _____

Address _____ City _____ State _____ Zip Code _____ Phone No. _____

Name of Employee	Type of work performed	Type of Agricultural Crop	Start Date	End Date	# of days worked	Wages (How was it paid?)
<i>Example: Juan Doe</i>	<i>Picking</i>	<i>Apples</i>	<i>June 2010</i>	<i>Aug 2010</i>	<i>80</i>	<i>Cash</i>

Employer's Signature _____ Date _____

SECTION B: This section is to be signed by the applicant who meets the requirements and is applying to the CAMP Program at NNMC.
By signing this form the applicant certifies that all the information provided on this form is accurate and true.

Employee's Name _____ Applicant's Signature _____

Employee's Relationship to Applicant (i.e. Self, Mother, Father, etc.) _____ Date _____

For Office Use Only:

Verified by: _____ Date: _____

Comments:



