



College Assistance Migrant Program

Sacramento State
River Front Center 1
6000 J Street
Sacramento, CA 95819-6108
(916) 278-7241
FAX (916) 278-5193
<http://www.csus.edu/camp>

DEADLINE: **November 30, 2017**

APPLICATION FOR ADMISSION



SACRAMENTO
STATE

Sacramento State College Assistance Migrant Program (CAMP)

Answer all questions on the form or indicate "N/A" if not applicable. All information will be kept confidential and used only in determining your eligibility and admission to the program.

1. Name: _____

2. Mailing Address: _____
P.O. Box/Street City State Zip

3. Home Phone: () _____ Cell Phone Number () _____

4. Gender: M F

5. Birth Date: _____

6. Father's Name: _____

7. Mother's Name: _____

8. Do you live more than 20 miles from Sacramento State? Yes No

9. In high school, were you placed in English learning classes? Yes No
(ESL, ELD or ELL)

10. High School Attended: _____

11. Graduation Date: _____ 12. High School G.P.A.: _____

13. Citizenship Status: (Check One)

13a. U.S. Citizen _____ Place of Birth _____

13b. Legal Resident _____ 13c. Other _____

14. Expected major at Sacramento State: _____

15. Family size: _____ Family income: _____

16. Are you a first generation college student? Yes No

17. How many members in your family have attended or are currently attending college: _____

18. How did you learn about CAMP?
Presentation Migrant Ed. HEP EOP Other

19. E-mail Address: _____

20. Alternate e-mail address: _____

Sacramento State

College Assistance Migrant Program

APPLICATION CHECKLIST

(KEEP FOR YOUR RECORDS)

Use this checklist to assist you in completing all the necessary applications and tests required for admission to Sacramento State and CAMP.

PLEASE DIRECT YOUR MAIL TO:
College Assistance Migrant Program (CAMP)
Sacramento State
River Front Center 1
6000 J Street
Sacramento, CA 95819-6108

IMPORTANT NOTE: Priority Admissions Note:

CAMP receives more applications than there are spaces available. Therefore, we recommend that you apply and complete your file as early as possible. Incomplete files will not be reviewed. If you should have any questions, please call the CAMP office at (916) 278-7241; Fax number is (916) 278-5193.

Date sent to CAMP

ADMISSIONS

- | | |
|--|---------------------------------|
| 1) Sacramento State Admissions Application, or date applied on-line | <u>Before 10/01/2017</u> |
| 2) CAMP Application | <u>Before 11/30/2017</u> |
| 3) CAMP Letters of Recommendation #1 <input type="radio"/> #2 <input type="radio"/> | <u>Before 11/30/2017</u> |
| 4) Autobiography (Instructions inside of application) | <u>Before 11/30/2017</u> |
| 5) Personal Questionnaire | <u>Before 11/30/2017</u> |
| 6) Signed copies of parent's 2016 & 2017 federal income taxes (1040 Forms) | <u>Before 11/30/2017</u> |
| • (2016 taxes after January 2017) | <u>Before 11/30/2017</u> |
| 7) 2016 W-2 Forms | <u>Before 11/30/2017</u> |
| 8) Copy of Social Security Card | <u>Before 11/30/2017</u> |
| 9) Official Transcripts: 7 th Semester <input type="radio"/> 8 th Semester <input type="radio"/> | <u>Before 11/30/2017</u> |
| 10) SAT and/or ACT (one exam is required, submit scores for all exams taken) | <u>Before 11/30/2017</u> |

DEADLINES

- | | |
|---|---------------------------------|
| 1) EPT/ELM placement exams | <u>Before 03/2018</u> |
| 2) Free Application for Federal Student Aid (FAFSA) | <u>Before 03/02/2018</u> |
| 3) (EOP) Submit Summer Bridge packet | <u>Before 05/01/2018</u> |
| 4) Submit ALL Financial Aid documents | <u>Before 05/01/2018</u> |
| 5) Accept admission to Sacramento State | <u>Before 05/01/2018</u> |
| 6) Final official transcript | <u>Before 06/30/2018</u> |
| Optional: | |
| 7) MESA Engineering Program (MEP- for engineering or computer science majors) | <u>Ongoing</u> |
| • http://www.ecs.csus.edu/mep/ | |

Sacramento State
College Assistance Migrant Program

AUTOBIOGRAPHICAL STATEMENT

Your autobiographical statement is one of the most important documents used in determining your admissions to the program. Please follow the instructions listed below carefully.

Please type an essay of no less than 500 words (add your name and high school on the top of your essay).

- In your first paragraph discuss your family background. Including work history: what type of farm work have you or your parent(s) performed, how long, etc.
- In the second paragraph discuss high school educational experience.
- In the third paragraph discuss your educational goals and what motivates you to pursue a higher education.
- Finally, in the last paragraph include any other information about yourself or your family that you believe is important for the admissions committee to know.

(Please submit your Autobiographical Statement in a separate page)

Name: _____

High School: _____

Sacramento State
College Assistance Migrant Program (CAMP)

PERSONAL QUESTIONNAIRE

Please do not leave any questions blank. Use black or blue ink.

Please explain how your family is supporting you to attend college: _____

Please share any experiences you have had living away from home: _____

What is the length of time you've lived away from home? _____

Explain possible family issues that may arise while you attend school or live away from home:

Briefly discuss your need for the support services offered by CAMP: _____

How would you evaluate your level of motivation to go to college?



**Annual Physical Verification Form
College Assistance Migrant Program
2016-2017 Academic Year**

Student Participant: As a participant of the College Assistance Migrant Program (CAMP) your health is a priority. A complete physical examination is required prior to enrollment. If you have completed a physical examination in the last year, please have your current health provider complete the bottom portion of this form and return it to the CAMP office.

As part of the student augmented health insurance program the university's Student Health Center can offer a full physical examination at a low cost fully reimbursable by the CAMP Program.

REMEMBER: Your privacy is important. Health information will not be shared with a third party.

Printed Name: _____
Phone Number: (____) _____ Email: _____

I agree to release my name, my provider's name, and the date of my last physical to the CAMP Program to meet the physical examination requirement.

Student Signature: _____ Date: _____

Health Provider: Please ensure that your information below is readable.

TO BE COMPLETED BY HEALTH PROVIDER ONLY:	
Date of Physical: ____/____/____	
Provider Name: _____	
Name of Staff/Contact Person: _____	Title: _____
Signature: _____	

ONCE COMPLETED, PLEASE FAX OR MAIL FORM TO:

The College Assistance Migrant Program (CAMP)
(916) 278-5193 (Fax)

River Front Center #1; 6000 J Street
Sacramento, CA 95819-6108

CONFIDENTIAL RECOMMENDATION

Student's Name: _____ High School: _____

Student Address: _____ Ph. #: () _____ Birth Date _____

Please take this form to a teacher, counselor, school administrator,
or employer who knows you. Ask this person to complete the form.

Name of Evaluator: _____ Position: _____

School/ Organization: _____ Ph. #: () _____

Address: _____

The above named student is applying for admission to Sacramento State through the College Assistance Migrant Program. Please evaluate the applicant's potential for success in college relative to his/her peers, and please return to the applicant in a sealed envelope or mail directly to the address below. Thank you in advance for your assistance.

**College Assistance Migrant Program
Sacramento State
River Front Center 1
6000 J Street
Sacramento, CA 95819-6108**

How long have you known this student? _____ In what capacity? _____

Personal Qualities	Strong	Average	Weak
Persistence			
Leadership Qualities			
Motivation			
Maturity			

Highly recommend _____ Recommend _____ Do Not Recommend _____

Additional comments: (Feel free to send an attachment.)

Signature: _____

Date: _____

CONFIDENTIAL RECOMMENDATION

Student's Name: _____ High School: _____
Student Address: _____ Ph. #: () _____ Birth Date _____

Please take this form to a teacher, counselor, school administrator,
or employer who knows you. Ask this person to complete the form.

Name of Evaluator: _____ Position: _____
School/ Organization: _____ Ph. # () _____
Address: _____

The above named student is applying for admission to Sacramento State through the College Assistance Migrant Program. Please evaluate the applicant's potential for success in college relative to his/her peers, and please return to the applicant in a sealed envelope or mail directly to the address below. Thank you in advance for your assistance.

**College Assistance Migrant Program
Sacramento State
River Front Center 1
6000 J Street
Sacramento, CA 95819-6108**

How long have you known this student? _____ In what capacity? _____

Personal Qualities	Strong	Average	Weak
Persistence			
Leadership Qualities			
Motivation			
Maturity			

Highly recommend _____ Recommend _____ Do Not Recommend _____

Additional comments: (Feel free to send an attachment.)

Signature: _____ Date: _____

CAMP ELIGIBILITY

To be eligible to participate in the CAMP program at least one parent must be a **seasonal or migrant farm worker**. “**Seasonal farm worker**” means a person who, currently or within the last 24 months, was employed for at least 75 days in farm work, and whose primary employment was in work on a temporary or seasonal basis (that is, not a constant year-round activity). “**Migrant farm worker**” means a person whose employment requires travel that prevents him or her from returning to his or her home within the same day. The applicant must also demonstrate the need for special services. In addition, you must have a high school diploma, show financial need, and must enroll full-time at Sacramento State.

In order to determine your seasonal/migrant farm worker status, you must answer the following questions:

21. I qualify as a (check one): Seasonal Farm Worker: Migrant:
22. I meet the eligibility requirement based on: Father: Mother: Both: Self:

Family member who meets seasonal/migrant farm worker criteria:

Name: _____ Phone #: () _____

Address: _____
P.O. Box/Street City State Zip

23. **In order for your application to be considered you will need to mail/fax the following documents: A) Copy of 2016 or 2017 federal income tax return B) W-2 forms showing the employer listed in #23 OR Copy of COE**

I certify that the information reported above is accurate and that my family’s primary employment has been seasonal or migrant farm work in the last two years. If admitted to the program, I also agree to enroll as a full-time student and be an active participant of the program. I further understand that any false statement subjects me to immediate dismissal from the program.

_____ Signature

_____ Date

If you are under 18 years of age, parent signature is required.

_____ Parent’s Signature

_____ Date

● FOR OFFICE USE ●

1. Name of **employer** for qualifying member listed in #22: _____
(As stated on the W-2)
- Employer address: _____
- Number of months employed in **2016**: _____ Number of months employed in **2017**: _____
- Type of work he/she performs. (Explain): _____
2. Certificate of Eligibility (COE): _____

CV BY: _____ DATE: _____