



SACRAMENTO
STATE

CAMP

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>

APPLICATION FOR ADMISSION

Please print in ink or type. 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. SS#: _____

3. Address: _____

4. Home Phone: () _____ 5. Gender: M F 6. Birthdate: _____

7. Father's Name: _____

8. Mother's Name: _____

9. Parent's Address: _____

10. Phone #: () _____

11. Name and address of someone with whom we may leave a message if you cannot be reached.

Name: _____ Phone #: () _____

Address: _____

Relationship to you: _____

12. High School Attended: _____

13. Graduation Date: _____ 14. High School G.P.A.: _____

15. Citizenship Status: (Check One)

15a. U.S. Citizen _____ Place of Birth _____

15b. Legal Resident _____ (Please attach a copy of your Permanent Resident Card)

16. Expected major at CSUS: _____

17. Family size: _____ Family income: _____

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

19. How did you learn about CAMP: _____

20. E-mail Address: _____

California State University, Sacramento
College Assistance Migrant Program

Personal Questionnaire

Please do not leave any questions blank

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? _____

California State University, Sacramento
College Assistance Migrant Program

AUTOBIOGRAPHICAL STATEMENT

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

Please type an essay of no less than 500 words. In the first paragraph discuss your family background, including work history: what type of farm work have you or your parent(s) performed, for how long, etc. In the second paragraph discuss your 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)

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 CSU-Sacramento and CAMP.

PLEASE DIRECT YOUR MAIL TO:
College Assistance Migrant Program
California State University, Sacramento
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)	CAMP Application	_____
2)	CSUS Admission application, or date applied on-line	_____
3)	Official Transcript: 7th semester H.S. <input type="radio"/> 8th semester H.S. <input type="radio"/> G.E.D. <input type="radio"/>	_____
4)	SAT/ACT (Only one is required)	_____
5)	Official CSUS Application Fee Waiver	_____
6)	Signed copies of parent's 2007 federal income tax return and W-2 forms OR	_____
7)	Signed copies of parent's 2008 federal income tax return and W-2 forms (After January 2009)	_____
8)	Wallet size or larger black & white or color picture (no photocopies please)	_____
9)	Autobiography (instructions are inside of application)	_____
10)	Personal Questionnaire	_____
11)	CAMP Letters of Recommendation: #1 <input type="radio"/> #2 <input type="radio"/>	_____
12)	E.O.P.: #1 <input type="radio"/> #2 <input type="radio"/> #3 <input type="radio"/>	_____
13)	Signed copy of Social Security Card	_____

RESIDENCY

14)	U.S. Citizen: Yes <input type="radio"/> No <input type="radio"/>	_____
14a)	Copy of your Residency Card (Front & Back) . If under 19 years of age then,	_____
14b)	Copy of Parents' Residency Card (Front & Back)	_____
14c)	Copy of Parent's Drivers' License	_____
14d)	Copy of Parent's Social Security Card	_____

CONFIDENTIAL RECOMMENDATION

Student's Name: _____ Ph. #: () _____

Student Address: _____ Social Security #: ____ - ____ - ____

TO THE STUDENT:

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: _____

TO THE EVALUATOR:

The above named student is applying for admission to CSU-Sacramento 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
CSU, Sacramento
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: _____