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

DEADLINE: November 30, 2016

APPLICATION FOR ADMISSION
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: _____________________________________________________


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.

1) Sacramento State Admissions Application, or date applied on-line Before 10/01/2016
2) CAMP Application Before 11/30/2016
3) CAMP Letters of Recommendation #1 ☐ #2 ☐ Before 11/30/2016
4) Autobiography (Instructions inside of application) Before 11/30/2016
5) Personal Questionnaire Before 11/30/2016
6) Signed copies of parent’s 2015 & 2016 federal income taxes (1040 Forms) Before 11/30/2016
7) 2014 W-2 Forms Before 11/30/2016
8) Official Transcripts: 7th Semester ☐ 8th Semester ☐ Before 11/30/2016
9) SAC and/or ACT (one exam is required, submit scores for all exams taken) Before 11/30/2016
11) EOP: Application ☐ 2 letters of recommendation ☐ Before 11/30/2016

DEADLINES

1) EPT/ELM placement exams Before 03/2017
2) Free Application for Federal Student Aid (FAFSA) Before 03/02/2017
3) (EOP) Submit Summer Bridge packet Before 05/01/2017
4) Submit ALL Financial Aid documents Before 06/01/2017
5) Accept admission to Sacramento State Before 05/01/2017
6) Final official transcript Before 06/30/2017
Optional:
7) MESA Engineering Program (MEP- for engineering or computer science majors) Ongoing
   • http://www.ecs.csus.edu/mep/

Date sent to CAMP
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)
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?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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: ____________________

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? _______________

<table>
<thead>
<tr>
<th>Personal Qualities</th>
<th>Strong</th>
<th>Average</th>
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<td>Leadership Qualities</td>
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Highly recommend ___________ Recommend ______________ Do Not Recommend _________

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

Signature: ____________________________                        Date: __________________________
CONFIDENTIAL RECOMMENDATION

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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 2015 or 2016 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 **2015**: _____  Number of months employed in **2016**: _____
   Type of work he/she performs. (Explain): ____________________________

2. Certificate of Eligibility (COE): ____________________________
   CV BY: ____________________________  DATE: ____________________________