

California State University Long Beach (CSULB) College Assistance Migrant Program (CAMP) Application

All information will be kept confidential and used to determine eligibility

To maneuver through text boxes, check boxes, and radio button groups, use the tab key. To maneuver through different options in a radio button group, use the arrow keys.



Personal Information (Please print legible)

First Name: _____ Middle Initial: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Primary Number: _____ Secondary Number: _____ Date of Birth: _____
Sex (Male or Female): _____ E-Mail Address: _____ CSULB ID Number: _____

Citizenship Information (Please check either U.S. Citizen or Permanent Resident)

Residency: Are you a U.S. Citizen? Yes No
Permanent Resident? Yes No If Yes, please provide, A#: A

Family Information

If you do not live with your parents, provide legal guardian information. If parents are divorced/separated, provide information for parent you live with.

Have either of your parents received a college degree? Yes No Do you live with your parents? Yes No
Mother's Name: _____ Father's Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Number of members in household: _____ Estimated annual family income the past year: _____

Were you reported as a dependent on your parents'/legal guardian's federal tax return last year? Yes No Don't Know

Educational Information

Current High School: _____ Current High School GPA: _____
Expected Major at CSULB: _____ ACT Score (If Applicable): _____ SAT Score (If Applicable): _____
Anticipated Graduation Year: _____ How did you learn about CAMP?: _____

Eligibility Information (Please check at least ONE)

Participated in or be eligible to participate in the Migrant Education Program (MEP).

- Provide **Certificate Of Eligibility #**: _____ (Complete Pg. 2)

You or one of your immediate family members has spent a minimum of 75 days during the past 24 months as a migrant or seasonal farmworker.

- Complete **Employment Verification Form** (Complete Employment Verification Form)

Qualified or are eligible to qualify for National Farmworker Jobs Program (NFJP).

- Provide a copy of the **Eligibility Contract** from Section 167 of the Workforce Investment Act

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Academic Needs Assessment

Services/workshops that may interest and/or benefit you? (Check all that apply)

- | | |
|-------------------------------------|---|
| Academic and Career Advising | Financial Literacy/Money Management |
| Campus Services and Resources Info | Scholarships and Financial Aid Advising |
| Class Registration/Schedule Changes | Study Skills/Test-Taking Skills |
| Graduate School Advising/Planning | Monitoring Academic Progress |
| Major Selection/Degree Plan | Instructors' Expectations |
| Time Management | Internships |
| Stress Management | Other |

Tell us how CAMP can help you accomplish your academic goals?

Signature Certification

I certify that I am eligible for the California State University, Long Beach CAMP program and that the above information is complete and accurate according to our records. I further understand that any false statements will subject me to immediate dismissal from the program (Note: If this document is e-mailed, please sign the copy to be filed in the CAMP office).

Print Name	Applicant Signature (Required for all applicants)	Date
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Print Name	Parent Signature (If Participant under 18 years of age, a parent/legal guardian signature is required)	Date
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CAMP Office Use Only

Recruitment Staff Review						CAMP Director's Review			
Migrant Education	Yes	No	Active In	ES	MS	HS	Eligible for CAMP	Yes	No
Seasonal Work	Yes	No	Type of Work:						
75 Days w/in past 2 years	Yes	No							
Recruitment Staff Signature:				Date:					
							Director's Signature:		
							Date Signed:		
							Comments:		

**California State University Long Beach (CSULB)
College Assistance Migrant Program (CAMP)
Employment Verification Form**



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The following person, _____, has applied to the College Assistance Migrant Program (CAMP) at California State University, Long Beach. In order to be eligible for the program, the participant (or an immediate family member of the participant) must have been employed in migrant/seasonal farm work for a minimum of 75 days over the last 24 months. The participant has indicated that the person listed below was employed by you within the last two years.

For purpose of the program, 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. Please provide the total number of days worked over the last 24 months.

If Applicant does not meet migrant/seasonal farmworker criteria, please provide the information of immediate family member that meets criteria below:

Relationship to applicant: Self Mother Father Sibling Other:

Name of Family Member who meets migrant/seasonal farmworker criteria:

Signature: _____

Date: _____

Name of Employee	Type of Work Performed (I.E. <i>Hoeing, Picking, Planting</i>)	Type of Agricultural Crop (<i>Hay, Corn, Livestock...</i>)	Start Date <i>Month/Yr</i>	End Date <i>Month/Yr</i>	Total Days Worked

Name of Employer: _____

Employer Phone Number: _____

Employer Mailing Address: _____

City, State, Zip Code: _____

Was the work performed for either wages or personal subsistence?

Name of Employer Representative: _____

Yes No

Representative Title: _____

I certify that all of the information above is true and completed to the best of my knowledge. I understand that this information will only be used to determine the eligibility of the student to participate in the CSULB CAMP Program.

Employer Representative Signature: _____

Date of Signature: _____

The purpose of this form is for you to verify his/her employment. After completing this form, please return to the applicant or mail to:

California State University, Long Beach
College Assistance Migrant Program
1250 Bellflower Blvd, SSC 280
Long Beach, CA 90804

Phone: 562-985-2185

Fax: 562-985-2003

Email: camp@csulb.edu

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Seasonal Work Yes No 75 Days within past 2 years Yes No

Eligible for CAMP Yes No Date Eligible: _____

Comments: _____

Recruiter Signature: _____

Date Verified: _____

**California State University Long Beach (CSULB)
College Assistance Migrant Program (CAMP)
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La siguiente persona, _____, se ha aplicado al Programa de Asistencia Universitaria para Migrantes (CAMP) en la Universidad Estatal de California, Long Beach. Para ser elegible para el programa, el participante (o un miembro de la familia inmediata del participante) debe haber trabajado en el trabajo agrícola migratorio/temporal durante un mínimo de 75 días durante los últimos 24 meses. El participante ha indicado que la persona que figura a continuación fue empleada por usted en los últimos dos años.

Para los fines del programa, el trabajo agrícola puede incluir cualquier actividad directamente relacionada con la producción de cultivos, productos lácteos, aves de corral o ganado, o el cultivo o la cosecha de árboles, o cualquier actividad relacionada directamente con las granjas piscícolas. Favor de indicar el número total de días trabajados en los últimos 24 meses.

Si el solicitante no cumple con los criterios de los trabajadores agrícolas migratorios/estacional, proporcione la información del miembro de la familia inmediata que cumpla con los siguientes criterios:

Relación con el solicitante Yo Madre Padre Hermano/a Otro:

Nombre del miembro de la familia que cumple con los criterios del trabajador agrícola migrante/estacional:

Firma de miembro de familia:

Fecha:

Nombre del empleado	Tipo de trabajo realizado (ejemplo: azadon, cosecha, siembra)	Tipo de cultivo agrícola (uvas, maíz, ganado ...)	Fecha de inicio mes/año	Fecha de finalización mes/año	Total de días trabajados

Nombre del empleador:

Número de teléfono del empleador:

Dirección postal del empleador:

Ciudad, Estado, Código Postal:

¿Se realizó el trabajo por salario o por subsistencia personal?

Nombre del representante del empleador:

Si No

Título del representante:

Yo certifico que toda la información es verdadera y completa a lo mejor de mi conocimiento. Entiendo que esta información solo se utilizará para determinar la elegibilidad del estudiante para participar en el programa CSULB CAMP.

Firma del representante del empleador:

Fecha de la firma:

El propósito de este formulario es que Usted verifique su empleo.
Después de completar este formulario, devuélvalo al solicitante o envíelo por correo a:

California State University, Long Beach
College Assistance Migrant Program
1250 Bellflower Blvd, SSC 280
Long Beach, CA 90804

Teléfono: 562-985-2185

Fax: 562-985-2003

Correo electrónico: camp@csulb.edu

CAMP STAFF USE ONLY / SÓLO PARA USO DEL PERSONAL DE CAMP

Seasonal Work Yes No 75 Days within past 2 days: Yes No

Eligible for CAMP Yes No Date Eligible:

Comments:

Recruiter Signature:

Date Verified: