

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

All information will be kept confidential and used to determine eligibility

1250 Bellflower Ave. SSSC 280, Long Beach CA 90804

Telephone: 562-985-2006 • camp@csulb.edu



Personal Information (Please print legible)

First Name: _____ Middle Initial: _____ Last Name: _____

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

Primary Number: _____ Secondary Number: _____ Date of Birth: ____/____/____

Sex (Female/Male/Other): _____ E-Mail Address: _____

CSULB ID Number (if applicable): _____

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

Citizenship: 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 from 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

High School: _____ High School G.P.A.: _____ High School Graduation Year: _____

Expected Major at CSULB: _____ 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** # _____ (Continue to Page 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 Page 2 **and** Employment Verification Form (English Page 3/Spanish Page 4)

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Academic Needs Assessment

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

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

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

Why is attaining a college degree important to you? What else would you like the CAMP staff to know?

Signature Certification

I/We 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

Migrant Education Yes No Active In ES MS HS

Seasonal Work Yes No Type of Work: _____

75 Days w/in past 2 years Yes No

Recruitment Staff Signature: _____ Date: _____

CAMP Director's Review

Eligible for CAMP Yes No

Director's Signature: _____

Date Signed: _____

Comments: _____

Employment Verification Form

California State University Long Beach (CSULB)

College Assistance Migrant Program (CAMP)



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The following person (student name), _____, 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 is 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. Hoeing, Picking, Planting)	Type of Agricultural Crop (Hay, Corn, Livestock...)	Start Date Month/Yr	End Date Month/Yr	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, SSSC 280
Long Beach, CA 90804

Phone: 562-985-2006

Email: camp@csulb.edu

CAMP STAFF USE ONLY

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)
Employment Verification Form**



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La siguiente persona (nombre de estudiante), _____, 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:

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Long Beach, CA 90804

Teléfono: 562-985-2006 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 years Yes No

Eligible for CAMP Yes No Date Eligible: _____

Comments: _____

Recruiter Signature: _____ Date Verified: _____