

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

Print Name Parent Signature (If Participant under 18 years of age, a parent/legal guardian signature is required) Date

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: _____
