



**College Assistance Migrant Program  
CAMP**

**Application Form**



College Assistance Migrant Program (CAMP)  
Oregon State University, 337 Waldo Hall, Corvallis, OR 97331-6405  
Phone: (541) 737-3909 ♦ Fax: (541) 737-3998

**What is CAMP?**

The College Assistance Migrant Program (CAMP) at Oregon State University provides supportive and retention services to first-year college students from migrant and seasonal farm worker families. CAMP works with campus faculty, student services and community based agencies to improve educational opportunities for CAMP students.

**To Qualify for CAMP, a student must:**

- Be a permanent resident or citizen
- Be a first-year incoming student
- Be from a migrant/seasonal farm worker background. A student may meet this qualification by the following:
  - Either the student or his/her parents must have worked in migrant or seasonal farm work for at least 75 days in the past 24 months **OR**
  - Have been eligible to participate in Chapter 1, Title 1 Migrant Education Program **OR**
  - Participated in the WIA of 1998 program (section 167)
- Each student accepted into the program must:
  - Enroll full time for at least 12 credit hours each term
  - Maintain good academic standing
  - Participate in advising, tutoring, mentoring, and social/cultural events as specified in the CAMP contract

**Services provided by CAMP**

- Academic skills assessment
- Tutoring
- Personal counseling & academic advising
- CAMP Summer Orientation program
- Mentoring
- Financial aid counseling
- Monthly stipends
- Book Allowance (3 terms)
- Supplemental tuition aid to reduce loans

**To Apply**

To qualify for CAMP you must:

- **First**, complete and submit an online application for admissions to Oregon State University (OSU) at: <http://oregonstate.edu/admissions/index.php>
- **Second**, complete the CAMP application and submit all required forms and documentation including the personal statement.

**CAMP Application Checklist:**

- CAMP Application Form
- CAMP Eligibility Form
- Student Evaluation Forms (1&2)
- Personal Statement
- Copy of official high school transcript or GED
- Copy of your SAT or ACT test scores
- Copy of your and or your parent's most recent Federal Income Tax report
- Copy of your Insight Resume (from OSU admissions application)
- \*Mailed before the priority deadline – Feb. 1<sup>st</sup>

\* Applications accepted after priority deadline. If you have any questions about completing this application, please call (541) 737-3909

**Mail your completed CAMP application to:**

College Assistance Migrant Program  
Oregon State University  
337 Waldo Hall  
Corvallis, OR 97331-6405

**Application priority deadline – Feb. 1<sup>st</sup>**

## CAMP APPLICATION FORM

### PERSONAL INFORMATION

NAME	DATE OF BIRTH		
ADDRESS: STREET / P.O. BOX	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	
CURRENT HIGH SCHOOL	EXPECTED MAJOR AT OSU		

### SECONDARY CONTACT – Name of someone with whom we may leave a message if you cannot be reached

NAME	RELATIONSHIP TO YOU	HOME PHONE	CELL PHONE
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### PERSONAL DEMOGRAPHICS – Optional (Check one for each)

#### **Race/Ethnicity:**

- Asian American    Pacific Islander    Black, African American    White (Caucasian)    Hispanic  
 Middle Eastern    American Indian or Alaska Native    Other \_\_\_\_\_    Decline

#### **Gender:**

- Male    Female    Self-Identity \_\_\_\_\_

### OTHER INFORMATION

1. How many members of your family have attended or are currently attending college? \_\_\_\_\_
2. Have either of your parents graduated from college?  Yes  No   High School?  Yes  No
3. Have you/parents been employed in agricultural-related work at least 75 days in the past 24 months?  Yes  No
4. Did you or your parent(s)/guardian(s) migrate to Oregon?  Yes  No
5. Are you eligible to apply for the Free Application for Federal Student Aid (FAFSA)?  Yes  No  
(To apply for the FAFSA you must be a U.S citizen or a permanent resident)
6. Have you completed your FAFSA?  Yes  No   Date completed \_\_\_\_\_  
(The FAFSA application must be submitted by the OSU priority deadline of February 28)

### PERSONAL STATEMENT

On a separate page, in an essay format, please tell us about yourself, your experiences, and your academic and career goals by answering the following questions. Please type your essay and remember to include your name on your personal statement.

1. Please describe your family's work history. What types of migrant/seasonal farm work have you or your parents(s) performed?
2. Describe what you have learned from this experience (in question 1) and how it has prepared you to attend Oregon State University. What motivates you to pursue a higher education?
3. Discuss your educational goals and describe challenges or adversity, if any, you have had to overcome to pursue them.
4. Include any other information about yourself or your family that you believe is important for the CAMP application review committee to know.

## CAMP ELIGIBILITY FORM

Students may qualify for the CAMP program based on history of enrollment or current participation in the Migrant Education Program (MEP), **OR** the student or his/her parent(s) or legal guardian(s) must have worked in migrant or seasonal farm work for at least 75 days in the past 24 months **OR** eligible to participate or having participated in the NFJP Section 167 of the WIA. *Migrant or seasonal farm work includes any activity directly related to the production of crops, dairy products, poultry, livestock, cultivation or harvesting of trees, fishery, nursery, and forestry work.* This farm work includes work performed for either wages or personal subsistence on a farm, ranch or similar establishments.

**This section is to be signed by the Migrant Education representative, home school consultant, high school counselor, or other agency representative. Please complete Section A or B.**

STUDENT NAME: \_\_\_\_\_

### SECTION A - VERIFICATION OF MIGRANT EDUCATION STATUS

Chapter I, Title I: History of enrollment or current participation in the Migrant Education Program

OMSIS ID#: OR \_\_\_\_\_ COE#: \_\_\_\_\_

I certify that the information provided is complete and accurate according to our records.

NAME MIGRANT EDUCATION REPRESENTATIVE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS: STREET / P.O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### SECTION B - VERIFICATION OF MIGRANT/SEASONAL FARMWORKER STATUS

I meet the eligibility requirement based on: (family member who meets migrant/seasonal farm worker criteria)

Myself       Father       Mother       Legal Guardian

NAME OF QUALIFYING PERSON \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Type of Farm Work: \_\_\_\_\_ Total days worked in the past two years: \_\_\_\_\_

Dates Worked: Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending \_\_\_\_/\_\_\_\_/\_\_\_\_

Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the information provided is complete and accurate according to our records.

NAME OF EMPLOYER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS: STREET / P.O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY** Name of Verifier: \_\_\_\_\_ Date: \_\_\_\_\_

Verification Notes:

## STUDENT EVALUATION FORM (1)

TO: School Counselor/Principal/Teacher/Advisor

Applicant's Name: \_\_\_\_\_ High School Name: \_\_\_\_\_

This person has applied to participate in Oregon State University's CAMP. A counselor or other appropriate high school staff must complete the information requested below before the application will be considered.

Applicant's GPA: \_\_\_\_\_ Applicant's Attendance Record: \_\_\_\_\_  
Excellent/Good/Fair/Poor

POTENTIAL TO SUCCEED IN COLLEGE	Strong	Good	Average	Weak	Very Weak	*NBJ
<b>ACADEMIC PREPARATION</b>						
Study Skills						
Mathematics						
Writing						
Reading						
<b>PERSONAL QUALITIES</b>						
Self-Motivation						
Self-Discipline						
Initiative						
Consistency						
Enthusiasm						
Cooperation						
Relates to Others						

\*No basis for judgment

Applicant's primary areas of interest/aptitude and any additional comments:

\_\_\_\_\_  
 NAME TITLE PHONE NUMBER

\_\_\_\_\_  
 ADDRESS: STREET /P.O. BOX CITY STATE ZIP

\_\_\_\_\_  
 SIGNATURE DATE

Return to the applicant in a sealed envelope or mail directly to:  
 College Assistance Migrant Program  
 Oregon State University, 337 Waldo Hall, Corvallis, OR 97331-6405

## STUDENT EVALUATION FORM (2)

TO: School Counselor/Principal/Teacher/Advisor

Applicant's Name: \_\_\_\_\_ High School Name: \_\_\_\_\_

This person has applied to participate in Oregon State University's CAMP. A counselor or other appropriate high school staff must complete the information requested below before the application will be considered.

Applicant's GPA: \_\_\_\_\_ Applicant's Attendance Record: \_\_\_\_\_  
Excellent/Good/Fair/Poor

POTENTIAL TO SUCCEED IN COLLEGE	Strong	Good	Average	Weak	Very Weak	*NBJ
<b>ACADEMIC PREPARATION</b>						
Study Skills						
Mathematics						
Writing						
Reading						
<b>PERSONAL QUALITIES</b>						
Self-Motivation						
Self-Discipline						
Initiative						
Consistency						
Enthusiasm						
Cooperation						
Relates to Others						

\*No basis for judgment

Applicant's primary areas of interest/aptitude and any additional comments:

\_\_\_\_\_  
 NAME TITLE PHONE NUMBER

\_\_\_\_\_  
 ADDRESS: STREET /P.O. BOX CITY STATE ZIP

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