College Assistance Migrant Program
CAMP

Application Form
2017-2018

Open Enrollment
PARTICIPANT APPLICATION
CAMP: Millersville University, CAMP, 114 Stayer Hall, P.O. Box 1002, Millersville, PA 17551, Phone: (717)871-4471

What is CAMP?

The College Assistance Migrant Program (CAMP) at Millersville 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 organizations to improve educational opportunities for CAMP students.

Who is eligible to participate in the College Assistance Migrant Program (CAMP)?

To be eligible to participate in MU-CAMP, the student or at least one parent must be a seasonal or migrant farmworker. A “seasonal farmworker” is a person who, currently or within the past 24 months, was employed for at least 75 days in farm work, and whose primary employment was in farm work on a temporary or seasonal basis (that is, not a constant year-round activity). “Migrant farmworker” is a seasonal farmworker whose employment requires travel that prevents him or her from returning to his or her home within the same day. OR Students may also be eligible if they participated in a Chapter 1 Migrant Education Program OR the National Farmworker Jobs Program. Students must have a high school diploma or GED, are U.S. Citizen or a Legal Resident, FAFSA eligible, and accepted at Millersville University.

College Assistance Migrant Program (CAMP) Application Process:

Each applicant must complete the following:

1. MU application for undergraduate admission
2. MU-CAMP application
3. FAFSA Application
4. MU In-State Residency Application (if applicable)
5. PHEAA Application

Please understand that each student’s financial aid package may include federal grants, MU student aid grants, and/or work study. MU Financial Aid Office will determine each student’s financial aid package. MU-CAMP staff will review the package and make recommendations for any available supplemental awards. Please understand that students are NOT guaranteed a full scholarship through MU-CAMP. Financial assistance is based on availability of funds and personal need.

Only complete application packets will be reviewed and considered. Please note that final determination of eligibility and admission to MU-CAMP will be made once all documents are submitted and reviewed.

Mail completed applications to:

Millersville University
CAMP
114 Stayer Hall
P.O. Box 1002
Millersville, PA 17551
Phone: (717) 871-4471

The recruiter and staff are available to help potential students through the application process and answer any questions regarding any aspect of our MU CAMP scholars program. Please call 717-871-4471 with any questions!!!!
CAMP Application Check List

REQUIRED

____ My Migrant Experience essay
____ 2 completed Personal/Professional Recommendations Forms
____ 2 completed Academic Recommendation Forms
____ Official High School transcript
____ Student Aid Report (SAR) from FAFSA
____ Parent(s)/Guardian(s) 2016 taxes form (first 2 pages ONLY)
____ Social security card (front and back)

AS NEEDED

____ Permanent residency card front and back (if not a U.S. Citizen)
____ Certificate Of Eligibility (COE if MEP participant)
____ Student 2016 taxes form (if filed, first 2 pages ONLY)
Section A: Personal Information
- Last Name: ____________________________ First Name: ____________________________ Middle:
- Address: ______________________________ City: ____________________________ State: ______ Zip Code: ______
- Home Phone: __________________________ Cell Phone: ________________________ Email: _______________________
- Date of Birth: __________ Social Security Number: ____________________________ MU#: __________
- Currently Living with: [ ] both parents [ ] mother only [ ] father only [ ] guardian [ ] another relative [ ] own [ ] Other: __________
- Father’s Name: ____________________________ Current Occupation: ____________________________
- Highest Level of Education Completed by Father [Check One]: [ ] Elementary [ ] Middle School [ ] High School [ ] College
- Mother’s Name: ____________________________ Current Occupation: ____________________________
- Highest Level of Education Completed by Mother [Check One]: [ ] Elementary [ ] Middle School [ ] High School [ ] College
- Parent(s) Martial Status [Check One]: [ ] Married [ ] Divorced/Separated [ ] Single [ ] Widowed

Alternate Contact: Complete information below for a person not living at current mailing address
Name: ____________________________ Relationship: __________ Phone: __________ Cell: __________
Address: ____________________________ City: ____________________________ State: ______ ZIP Code: ______

Section B: Residency Information
- Are you a U.S. Citizen? [ ] Yes [ ] No If No, country of citizenship: ____________________________
- If not a U.S. Citizen, do you hold a Permanent Resident Card [valid I-551] for the U.S.? [ ] Yes [ ] No
  - If Yes, Date issued: __________ Visa Number: ____________________________
- If you do not hold a Permanent Resident Card, do you hold Temporary Resident status for the U.S.? [ ] Yes [ ] No
  - If Yes, type of Visa: __________ Date issued: __________ Expiration Date: __________

Section C: High School Information
- List below the last high schools, colleges/universities you attended. HS Seniors must submit an official transcript with application.

<table>
<thead>
<tr>
<th>School</th>
<th>City</th>
<th>State</th>
<th>Attendance Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Class ranking: __________
- Grade Point Average (GPA): ________ (on a 4.00 Scale)
- AP Courses Taken: ____________________________
- Number of College Credits/Hours Earned in HS: ________
- Keystone Scores: English/Language Arts: ________ Math: ________ Science: ________ Social Studies: ________ Writing Sub score: ________
- School Counselor’s Name: ____________________________ School Counselor’s Phone Number: ____________________________

Testing Information

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Exempt, Date Taken or Date To Be Taken</th>
<th>Scores Sent to MU?</th>
<th>Test Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td></td>
<td></td>
<td>English: ______ Reading: ______ Math: ______ Science: ______ Combine Score: ______</td>
</tr>
<tr>
<td>SAT</td>
<td></td>
<td></td>
<td>Reading: ______ Writing: ______ Math: ______ Combine Score: ______</td>
</tr>
</tbody>
</table>

Millersville University, CAMP, 114 Stayer Hall, P.O. BOX 1002, Millersville, PA 17551-0302, Phone: (717)871-4471
General Education Diploma (GED)

<table>
<thead>
<tr>
<th>GED Testing Site and location</th>
<th>Report Date</th>
<th>GED Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>W/G    SS  SC R  M  Total</td>
</tr>
</tbody>
</table>

**Academic Activities/Honors/Extracurricular Activities**

Mention club participation, volunteer work, etc. Indicate the school years (9th through 12th) during which you were involved.

<table>
<thead>
<tr>
<th>Activity/Honor/Position</th>
<th>Year Participated, Received or Position Held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9th</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
</tbody>
</table>

**Section D: Program Eligibility and Campus Housing**

In order to qualify for the services offered by CAMP under the rules of established by the U.S. Department of Education, the student or an immediate family member must work at least 75 days in the last two years in agriculture as a migrant worker or seasonal/temporary worker. This includes but not limited to cultivation and harvesting of agricultural products, the production of dairy products [milk], incubators for poultry and livestock, cultivation of crop pines, fishing in nurseries, plant nurseries and forestation work.

How will you be providing CAMP eligibility verification? [Check One of the Following]:

[ ] A Certificate of Eligibility (COE)  [ ] Employer verification letter or statement  [ ] Participation (or eligible to participate) in WIA

**Campus Housing**

CAMP provides housing scholarships. The CAMP Housing Scholarship covers part of the cost of the student’s room and board. Students receive a scholarship for fall and spring semesters on the condition that the student is in good standing with CAMP. Students who receive a housing scholarship will be responsible for following ALL campus housing rules, attend mandatory evening study hall, and sign a CAMP housing contract. CAMP staff is available to provide additional information or discuss with you and/or your parents about how campus housing works and what to expect if you live on campus.

Are you requesting a CAMP Housing Scholarship to live on campus?

[ ] No  If no, skip the next section of the application  [ ] Yes  If yes, please provide a short paragraph on the following:

Describe in detail why you are requesting a housing scholarship & how you think you will adjust to live on campus instead of home.
Section E: Statement of Understanding and Release of Authorization:
I understand that if I am selected, I must participate in ALL mandatory CAMP activities which include tutoring, mentoring, group & staff meetings and workshops. I agree to keep a minimum 2.0 GPA and earn at least 24 credit hours by the end of the academic year. I understand that failure to comply with CAMP requirements, regulations and the MU student code of conduct may result in CAMP probation or termination from CAMP. I understand that if I am on CAMP probation or terminated, CAMP holds the right to reverse any payments made towards dorm fees, books or tuition scholarships.

Release of Authorization: I hereby authorize CAMP staff unlimited access to my academic records in an effort to assist me complete my first academic year and subsequent years at MU. This authorization constitutes my permission for instructors to release or discuss my academic performance with MU staff and on CAMP progress reports. I give CAMP staff permission to publish my name or photographs of me for CAMP promotional material. I certify that the information provided on my application is true and correct to the best of my knowledge.

Applicant Signature: ______________________ Date: ____________
Parent or guardian Signature: ______________________ Date: ____________

Section F: Job verification

PART A – VERIFICATION OF MIGRANT EDUCATION STATUS

Have you ever been a part of the Migrant Education Program at any point in your life? Yes___ No___ (If yes, continue to section G).

PART B – VERIFICATION OF MIGRANT/SEASONAL FARMWORKER STATUS

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

_____Myself  _____Both (Mother & Father)  _____Father Only  _____Mother Only  _____Legal Guardian

NAME OF QUALIFYING PERSON: __________________________ SIGNATURE: ______________________ DATE: ____________

Type of agricultural work: __________________________ Total days worked in the past two years: ____________

Dates worked: Beginning ______ Ending (present) ____________

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: __________________________

Section G: Personal Demographics (Check one for each)

Race/Ethnicity:

_____American Indian or Alaska Native  _____Asian American  _____Black, African American

_____Hispanic/Latino  _____Asian  _____Native Hawaiian or Pacific Islander

_____White (Caucasian)  _____Middle Eastern  _____Other________________________

Gender:

Male_____ Female_____ Self-Identity________________________

Millersville University, CAMP, 114 Stayer Hall, P.O. BOX 1002, Millersville, PA 17551-0302, Phone: (717)871-4471
Section H: Other Information

1) Annual adjusted gross income:________________ Number in household members (including student):________________
   (Adjusted gross income can be found on Tax form 1040EZ: line 4, Tax Form 1040A: line 21, and Tax form 1040: line 37)

2) Have you completed your Pennsylvania Higher Education Assistance Agency from (PHEAA)? ___Yes ___No

3) Are you eligible to apply for the Free Application for Federal Student Aid (FAFSA)? ___Yes ___No. If so, Date Completed________

OFFICE USE ONLY:
Initial date application was received:__/__/_______ Staff signature:________________________________________
Please verify that the applicant has completed all related sections of this application:

___Copy of Social Security Card (front and back) ___Copy of Permanent Residency Card (front and back if applicable)
___Copy of Parent(s)/Guardian(s)/Tax Form ___Copy of Student Tax Form (if applicable)
___Official High School Transcript ___Copy of Student Aid Report (SAR) from FAFSA
___2 Completed of Academic Recommendation Form ___2 Completed of Personal/Professional Recommendation Form
___Copy of My Migrant Experience essay ___Copy of Certificate Of Eligibility (COE)

Date Application Completed: ________________________ Staff Signature:________________________________________
Date Application Accepted: ________________________ Staff Signature:________________________________________
CAMP Director Signature:____________________________

Millersville University, CAMP, 114 Stayer Hall, P.O. BOX 1002, Millersville, PA 17551-0302, Phone: (717)871-4471
My Migrant Experience

A one-page "My Migrant Experience" essay describing your family and migrant work history. Include your educational goals, career goals, financial need and why you should be selected to participate in CAMP. You may use this space below to complete your essay.

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
TO: School Advisor, Counselor, Principal or Teacher

RE: Student’s Name: ________________________________

This student has applied to participate in Millersville University College Assistance Migrant Program (MU-CAMP). A high school staff member or another appropriate academic reference must complete the information requested below before the application can be considered. Please evaluate the student’s academic performance adding any additional comments as needed. **You may use a separate sheet of paper if necessary.**

Check the appropriate level for each skill.

<table>
<thead>
<tr>
<th>Skills</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Needs Improvement</th>
<th>Skills</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>English (Oral)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Extracurricular</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Involvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English (Writing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Academic Discipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English (Reading)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please comment on personal qualities of the student, such as self-discipline, initiative, enthusiasm, and consistency?

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

In your opinion, how will this student adapt to a college setting? Will he/she be successful?

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

What barriers could stop the student from completing his/her first year of college?

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

Reference Name (Please Print): ___________________________ Telephone: ___________________________

School District: ___________________________ Position/Title: ___________________________

Signature: ___________________________ Date: ___________________________

Millersville University, CAMP, 114 Stayer Hall, P.O. BOX 1002, Millersville, PA 17551-0302, Phone: (717)871-4471
TO: School Advisor, Counselor, Principal or Teacher

RE: Student’s Name: __________________________________________

This student has applied to participate in Millersville University College Assistance Migrant Program (MU-CAMP). A high school staff member or another appropriate academic reference must complete the information requested below before the application can be considered. Please evaluate the student’s academic performance adding any additional comments as needed. You may use a separate sheet of paper if necessary.

Check the appropriate level for each skill.

<table>
<thead>
<tr>
<th>Skills</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Needs Improvement</th>
<th>Skills</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>English (Oral)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>English (Writing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please comment on personal qualities of the student, such as self-discipline, initiative, enthusiasm, and consistency?

_____________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________

In your opinion, how will this student adapt to a college setting? Will he/she be successful?

_____________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________

What barriers could stop the student from completing his/her first year of college?

_____________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________

Reference Name (Please Print): ___________________________ Telephone: ___________________________

School District: ___________________________ Position/Title: ___________________________

Signature: ___________________________ Date: ___________________________

Millersville University, CAMP, 114 Stayer Hall, P.O. Box 1002, Millersville, PA 17551-0302, Phone: (717)871-4471
Personal/Professional Recommendation Form #1

Millersville University, CAMP, 114 Stayer Hall, P.O. Box 1002, Millersville, PA 17551-0302, Phone: (717)871-4471

TO: Employer, Priest/Pastor, Professional or Adult Personal Reference

RE: Student’s Name: ________________________________

The above student has applied to participate in the Millersville University College Assistance Migrant Program (MU-CAMP). A personal or professional reference for the applicant must complete the information requested below before the application can be considered. Please answer the statements and questions below. You may use a separate sheet of paper if necessary.

1. Please describe your relationship to the applicant and how long you have known him/her?

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

2. Give examples of their strength of character, attributes, skills, and demonstrated areas of personal growth.

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

Reference Name (Please Print): __________________________ Telephone: ___________________________

Community Organization: ___________________________ Position/Title: ___________________________

Signature: ______________________________________ Date: ___________________________

Millersville University, CAMP, 114 Stayer Hall, P.O. BOX 1002, Millersville, PA 17551-0302, Phone: (717)871-4471
Personal/Professional Recommendation Form #2

Millersville University, CAMP, 114 Stayer Hall, P.O. Box 1002, Millersville, PA 17551-0302, Phone: (717)871-4471

TO: Employer, Priest/Pastor, Professional or Adult Personal Reference

RE: Student’s Name: ____________________________________________

The above student has applied to participate in the Millersville University College Assistance Migrant Program (MU-CAMP). A personal or professional reference for the applicant must complete the information requested below before the application can be considered.

Please answer the statements and questions below. You may use a separate sheet of paper if necessary.

1. Please describe your relationship to the applicant and how long you have known him/her?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

2. Give examples of their strength of character, attributes, skills, and demonstrated areas of personal growth.

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Reference Name (Please Print): _______________________________  Telephone: _______________________________

Community Organization: ________________________________  Position/Title: _______________________________

Signature: _____________________________________________  Date: ________________________________