



Millersville University

CAMP

COLLEGE ASSISTANCE MIGRANT PROGRAM

| 717-871-4472 | mucamp@millersville.edu |

Application Packet

2021 - 2022



Millersville University
CAMP
COLLEGE ASSISTANCE MIGRANT PROGRAM

PARTICIPANT APPLICATION

CAMP: Millersville University, CAMP, 114 Stayer Hall, P.O. Box 1002, Millersville, PA 17551, Phone: (717)871-4472

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.

CAMP staff are available to help students through the application process and answer any questions regarding any aspect of MU CAMP. Please feel free to contact us:

Jenny Hernandez
CAMP Director
Phone: (717)871-4471
Cell Phone: (717) 740-9027
jenny.hernandez@millersville.edu

Miriam Gonzalez
CAMP Counselor/Resource Coordinator
Phone: (717) 871-4475
Cell Phone: (717) 740-9028
miriam.gonzalez@millersville.edu

Stephanie Squires
CAMP Secretary
Phone (717) 871-4472
stephanie.squires@millersville.edu

Mail completed applications to:

Millersville University
CAMP
114 Stayer Hall
P.O. Box 1002
Millersville, PA 17551

Student 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) income taxes (first 2 pages ONLY)
- Social security card (**copy of front and back**)

IF APPLICABLE

- Permanent residency card front and back (if not a U.S. Citizen)
- Certificate Of Eligibility (COE if MEP participant)
- Student income taxes (if filed, first 2 pages ONLY)

Documents due by: _____

Mail Documents to:

Millersville University
CAMP
114 Stayer Hall
P.O. Box 1002
Millersville, PA 17551

College Assistance Migrant Program Application

Millersville University

Personal Information

- Last Name: _____ First Name: _____ Middle: _____
- Address: _____ City: _____ State: _____ Zip Code: _____
- Home Phone: _____ Cell Phone: _____ Email: _____
- Date of Birth: _____ Social Security Number: _____ MU#: _____
- What do you plan to major in at Millersville? _____
- Currently Living with: both parents mother only father only guardian another relative on own Other: _____
- Father's Name: _____ Current Occupation: _____
- Father's Phone: _____ Email: _____
- Highest Level of Education Completed by Father [Check One]: Elementary Middle School High School College
- Mother's Name: _____ Current Occupation: _____
- Mother's Phone: _____ Email: _____
- 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

Emergency Contact: Complete information below for a person not living at current mailing address

Name: _____ Relationship: _____

Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

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: _____ USCIS Number: _____ Expiration Date: _____
- 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: _____

High School Information

- High School attended: _____ City: _____
- 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: _____ Email: _____

Testing Information

Test Name	Exempt, Date Taken or Date To Be Taken	Scores Sent to MU?	Test Scores
ACT			English: _____ Reading: _____ Math: _____ Science: _____ Combine Score: _____
SAT			Reading: _____ Writing: _____ Math: _____ Combine Score: _____

General Education Diploma (GED)

GED Testing Site and location	Report Date	GED Scores					
		W/G	SS	SC	R	M	Total

Academic Activities/Honors/Extracurricular Activities

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

Activity/Honor/Position	Year Participated, Received				
	9th	10 th	11th	12th	Other
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Program Eligibility and Job Verification

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. Documentation must be provided. Students must have a high school diploma or GED, are U.S. Citizen or a Legal Resident, FAFSA eligible, and accepted at Millersville University.

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

- A Certificate of Eligibility (COE) – Migrant Educaiton Program (MEP)Participant
- Employer verification letter or statement – Migrant/Seasonal Farmworker - Complete verification below
- Participation (or eligible to participate) in Workforce Investment Act (WIA) – Provide documentation

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) _____			
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

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 - Describe below in detail how you will manage you educational responsibilities in college while living at home.

Yes - Describe below in detail how you think you will adjust to living on campus instead of home.

Personal Demographics

What languages do you speak? _____

Race/Ethnicity:

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian or Alaska | <input type="checkbox"/> Asian American | <input type="checkbox"/> Black, African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific |
| <input type="checkbox"/> White (Caucasian) | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Other |

Gender:

- Male Female Self-Identity _____

Other Information

Annual adjusted gross income: _____ Household size (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)

Have you completed the Free Application for Federal Student Aid (FAFSA)? Yes No Date Completed: _____ EFC: _____

Have you completed your Pennsylvania Higher Education Assistance Agency from (PHEAA)? Yes No Date Completed _____

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.

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 access my information through MU Academic Records (or equivalent). I also 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: _____

Millersville University, CAMP, 114 Stayer Hall, P.O. BOX 1002, Millersville, PA 17551-0302, Phone: (717)871-4472

My Migrant Experience Essay

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.*



Millersville University
CAMP
COLLEGE ASSISTANCE MIGRANT PROGRAM

Academic Recommendation

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. **Please utilize the below form but you may attach an additional recommendation.**

Check the appropriate level for each skill.

Skills	Excellent	Good	Fair	Needs Improvement	Skills	Excellent	Good	Fair	Needs Improvement
English (Oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English (Writing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extracurricular Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English (Reading)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Academic Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
COLLEGE ASSISTANCE MIGRANT PROGRAM

Academic Recommendation

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. **Please utilize the below form but you may attach an additional recommendation.**

Check the appropriate level for each skill.

Skills	Excellent	Good	Fair	Needs Improvement	Skills	Excellent	Good	Fair	Needs Improvement
English (Oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Science Disciplines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English (Writing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extracurricular Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English (Reading)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Academic Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
COLLEGE ASSISTANCE MIGRANT PROGRAM

Personal/Professional Recommendation

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
COLLEGE ASSISTANCE MIGRANT PROGRAM

Personal/Professional Recommendation

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: _____