

Student Name : _____

College Assistance Migrant Program • Aims Community College
260 College Ave • Ft. Lupton, CO 80621 • (303) 857-4022 ext. 4317



CAMP Student Application

Application Instructions:

- In order to apply to the College Assistant Migrant Program, all applicants must complete a CAMP Student Application, and an Aims Student Application.
- All applications submitted must also include copies of your High School transcripts, or GED certificate, as well as any college transcripts.
- Applicants under 18 years of age must have a parent or legal guardian sign the Parent Authorization section. Applications must be signed and completed before consideration.
- When complete, mail application to:
CAMP
Aims Community College
260 College Ave.
Ft. Lupton, CO 80621
- Applications will be reviewed on a first come first served basis. ONLY thirty -five applicants will be admitted per year. Students are based on eligibility, placement scores and an interview evaluation
- For any questions regarding the College Assistant Migrant program please call Robert Garcia or Tammy Molinar-LeBlanc at (303) 857-4022 ext. 4317 or 1-800-301-5388.

Applicant Checklist:

- CAMP Student Application
- Aims Student Application
- H.S. Transcript or GED Certificate (copy)
- College Placement Test / CPT

Office Use Only:

Date Received: _____ / _____ / _____

Received by: _____



PERSONAL INFORMATION

Name _____
(last) (first) (maiden)

Address _____
(number, street or p.o. box) (city, state, zip)

Telephone () _____ Cell Phone () _____

Social Security Number: _____

Email Address: _____

Age _____ Birth Date _____ Male _____ Female _____

ETHNIC GROUP

Hispanic _____ Native American _____ African American _____
Asian _____ Anglo _____ Other (specify) _____

MARITAL STATUS

Single _____ Married _____ Separated _____ Divorced _____
Widowed _____ Number of Dependents (Children) _____

EMPLOYMENT STATUS

Employed Full-time _____ Part-time _____ Unemployed _____ Other (specify) _____

FAMILY INFORMATION

Please specify the following information on: Parent(s) _____ Legal Guardian _____ Spouse _____

Other (specify) _____

Name(s) _____

Address _____
(number, street or p.o. box) (city, state, zip)

Family size _____ Family receives public assistance? (circle one) YES NO

If YES, indicate type of assistance _____

CAMP SERVICE DELIVERY INFORMATION

Why did you apply to CAMP? _____

Name of referral _____ GED or H.S. Diploma _____

Name of school or agency where completed _____ Date Completed _____

Have you applied for financial aid? _____

Do you own a vehicle or have access to other means of transportation to commute to and from class? _____

CH. 1 MIGRANT EDUCATION & JTPA / WIA

Check any that you have qualified for or participated in:

Chapter One Migrant Education _____ JTPA / WIA-Work Enforcement Act _____

AGRICULTURALLY-RELATED WORK INFORMATION

Have you, your parents, legal guardian, spouse, or other immediate household family member worked in an agriculturally related activity for a family total of 75 or more days during the past two years? _____

Check all individuals who have worked in agriculturally related activities during the past two years (you may check more than one).

Myself _____ My Parents _____ My Spouse _____ My Brother(s) _____

My Sister(s) _____ Other family members (specify) _____

Estimated total yearly family income from agricultural-related work (check one):

_____ \$0 - 2500 _____ \$2500 - 5000 _____ \$5000 - 7500 _____ \$7500 - 10,000

_____ \$10,000 - 15,000 _____ \$15,000 - 20,000 _____ \$20,000 or more

AGRICULTURAL WORK HISTORY (LAST 2 YEARS)

List ONLY farm and/or agriculturally-related employment

Date began	Date ended	Job Description	Employer's name/address	Relative working	Hourly wage

CERTIFICATION AND AGREEMENT

I hereby certify, to the best of my knowledge, that all the information in this application is correct and true. Furthermore, if enrolled in CAMP I agree to participate in the academic activities that are provided by the program.

Applicants Signature _____ Date _____

PARENT AUTHORIZATION (OPTIONAL)

If applicant is under eighteen years of age, his/her parent or legal guardian is required to sign.

I authorize my son/daughter to participate in all curricular and extracurricular activities sponsored by CAMP. I further authorize CAMP to release my son's/daughter's name to prospective employers or agencies as necessary for employment or educational placement purposes.

Parent / Legal Guardian Signature _____ Date _____

OFFICE USE ONLY

Applicant meets program eligibility requiriements? YES _____ NO _____

(Program Director/Coodinator) Date _____

QUALIFICATION:

1. Chapter 1 / JTPA / WIA Sec. 167

- _____ Phone Confirmation (MEP)
- _____ Copy of COE (MEP)
- _____ WIA Case Manager letter
- _____ HEP Intake Form (copy)

2. Agriculture Farm Work

- _____ Copy of paystub
- _____ 1040 Tax Forms
- _____ CAMP Agriculture Form
- _____ Employer Phone Confirmation