

Tri-State

College Assistance Migrant Program

Student Application



CAMP Applications Are Accepted Year-Round!!!

Please mail your completed application to:

Fort Scott Community College
College Assistance Migrant Program
2108 S. Horton St.
Fort Scott, KS 66701

For more information call:

620-768-2908, Ext. 24, 44, or 45

The Tri-State CAMP office is located at:
Fort Scott Community College
Burke Street Campus
810 S. Burke Street
Fort Scott, KS 66701

Tri-State College Assistance Migrant Program (CAMP) Eligibility Requirements

To qualify for CAMP you must have participated in at least one of the following:

- A. You or one of your immediate family members have worked as a migrant or seasonal farm worker in the area of agriculture, dairy, fisheries, or forestry for at least 75 days within the last 24 months. *(Farm work is considered activity directly related to the production of crops, dairy products, poultry or livestock; or the cultivation or harvesting of trees; or any activity directly related to fish farms. This farm work includes work performed for either wages or personal subsistence on a farm, ranch, or similar establishment.)*
- B. Participated in or be eligible to participate in a Title I, Part C, Migrant Education Program. A copy of the Certificate of Eligibility (COE) form or a letter from a family liaison or school official stating your current or previous eligibility will verify participation. COE forms can be obtained from the Migrant Coordinator of your school.
- C. Qualified or are eligible to qualify for the National Farmworker Jobs Program (NFJP), Workforce Investment Act 167 Program (WIA 167).

AND

- 1. Have a high school diploma or GED.
- 2. Be a U.S. Citizen or Legal Resident of the United States (Permanent Resident).
- 3. Apply for PELL grants through FAFSA.
- 4. Accepted to a Tri-State CAMP satellite college:
 - Fort Scott Community College
 - Oklahoma Panhandle State University
 - Seward County Community College
 - University of Arkansas Community College-Morrilton

AND

Desire an associates or a bachelor's degree.

Tri-State CAMP Checklist

The following items must be completed and submitted to the CAMP Program before your application will be reviewed. Please check off for your records:

Application

- Personal/Education Information Sheet - pg. 4
- Academic/Financial Need Sheet - pg. 5
- Autobiographical Essay – pg. 6
- Student Goals and Parental/Spouse Statement of Support - pg. 7
- Permission/Release of Information Sheet – pg. 8
- Recommendation Letters (**2 are required**): #1 #2 – pg. 9 and 10

Eligibility Documents

- Migrant Education Program (MEP) Certificate of Eligibility (COE) (**If applicable**)
- Worker Employer Verification Sheet (signed) – pg.12 (**Skip if student has COE**)
- Student's Permanent Residency Card (Front & Back – signed copy) (**If applicable**)

Academic Documentation

- Wallet size or larger picture
- Family Medical Insurance Card, Medicaid Card or CHIP Card (**if covered**)
- College Admission Application (copy)
- Official High School Transcripts Showing Completion of High School (copy)
- GED Certificate (if you do not have a high school diploma) (copy)
- College Transcripts (if you have college credits) (copy)
- ACT or SAT Detailed Scores (copy)

Financial Documentation

- Copy of Free Application for Federal Student Aid (FAFSA) Award Letter for Pell Grants – Available online with use of your PIN # (Available 3 to 4 weeks after FAFSA Application completion)
- Parent's Last Year's (2011) 1040 Federal Income Tax Forms (**MUST BE SIGNED by your PARENTS**)
- Parent's Last Year's (2011) W-2 Forms
- Your Last Year's (2011) 1040 Federal Income Tax Forms (**If applicable**) (**MUST BE SIGNED by YOU**)
- Your Last Year's (2011) W-2 Forms (**If applicable**)

TRI-State College Assistance Migrant Program (CAMP)

Application Form

Fort Scott Community College
2108 S. Horton St.
Fort Scott, KS 66701

Personal Information

First Name Middle Name Last Name Social Security Number

Address-PO Box/Street City State ZIP

Home Phone Cell Phone Work Phone

Age Date of Birth E-Mail Address Place of Employment

Parent(s) or Guardian(s) Name(s) PO Box/Street City State Zip

Country of Birth: USA Other _____ Are you a U.S. citizen? Yes No

Are you a permanent resident? Yes No Resident Alien Registration # _____

Marital Status:

- Single Married Divorced
 Separated Widowed

Gender:

- Male
 Female

First Language:

- Spanish
 English
 Other: _____

Preferred Language:

- Spanish
 English
 Other: _____

Ethnic Origin:

- White/Caucasian Hispanic/Latino Native American/Alaskan Asian
 Black/African American More than one race Hawaiian/Pacific Islander

Emergency Contact Person Relationship

Address – PO Box/ Street City State ZIP

Home Phone Cell Phone Work Phone

Educational Information

Name of High School/GED Site School Address – Street, City, Zip School Phone Number

Name of High School Counselor High School Diploma Date or GED Certification Date

ACT Score SAT Score COMPASS Scores: Math – English - Writing

Major(s) you are interested in studying: _____

Check one:

Plan to live in the dorms Off campus Commute (20 miles or more one way) Not sure

Check the college you wish to attend:

Fort Scott Community College (Fort Scott, KS) Oklahoma Panhandle State University (Goodwell, OK)
 Seward County Community College (Liberal, KS) University of Arkansas Community College-Morrilton (Morrilton, AR)

Academic Need

Please check any of the areas where you feel you need academic assistance:

ENGLISH

- Writing exam essays
- Research papers
- Vocabulary
- English as a Second Language
- Reading for Meaning

MATH

- Basic Math
- Algebra
- Advanced Algebra

STUDY SKILLS

- Library Research Skills
- Computer Skills
- Critical Thinking
- Organization Skills

COLLEGE ASSISTANCE

- Career Counseling
- Adjustment to college
- Interviewing Skills
- Business Etiquette
- Resume Building

Financial Need

CAMP provides financial assistance to supplement your family's support, personal savings, and other grants or scholarships. Please indicate the resources you have available for your education:

Family support for the academic year: \$ _____

Other scholarships or grants:

Scholarship/Grant: \$ _____

Scholarship/Grant: \$ _____

Scholarship/Grant: \$ _____

Scholarship/Grant: \$ _____

Have your parents filed their tax returns for 2011? Yes No If no, when will they file? _____

Have you filed your 2011 tax returns? Yes No If no, when will you file? _____

Your income for 2011: \$ _____

Your income for 2010: \$ _____

Mother's Income for 2011: \$ _____

Mother's income for 2010: \$ _____

Father's Income for 2011: \$ _____

Father's income for 2010: \$ _____

(If you or your parents have not yet filed your 2010 tax returns, please include your 2009 tax returns with your application.)

Number of people in household: _____

Household consists of:

Name	Relationship	Name	Relationship
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

Permission/Release of Information

I hereby give consent that my photographs or videos may be used by Tri-State CAMP project and its assigns or successors for news articles, audio-visual productions, television, websites, etc. without compensation to me. Furthermore, I consent that such photographs, video negatives, or slides shall be the sole property of Tri-State CAMP. Photographs or videos will not be used for commercial purposes.

Please initial if you agree to the above statement. Student _____ Parent/guardian _____

I voluntarily absolve Tri-State CAMP partner colleges and all persons that work in said school of whatever responsibility in case of accident, damage, illness, and/or whatever other type of hazard that will or may occur in the commission of trip, outing, or activity of Tri-State CAMP in which I am a participant.

Please initial if you agree with the above statement. Student _____ Parent/guardian _____

I certify that the information provided in this application is accurate to the best of my knowledge. I give permission for CAMP to share this information with other appropriate agencies. If I am awarded CAMP assistance, I agree to do my best in class and follow the rules and regulations of the program to successfully complete one academic year of college. I understand CAMP must provide copies of tax returns, W-2's, and other financial aid documents in my CAMP file at the college's Financial Aid Office which may result in an increase or decrease in my financial aid package based on these documents. I also certify that in order to qualify for CAMP: (1) I am eligible through my work or my parent(s) work in migrant/seasonal farm work, Migrant Education Program, or National Farmworker Jobs Program; (2) I need academic and supportive services during my first year in college; (3) I need CAMP financial support in order to attend college; (4) this will be my first year to attend college; and (5) I will enroll as a full-time (12 credit hours) college student.

Signature of Applicant

Date

Signature of Parent if under 18

Date



Phone: (620) 768-2908 Ext. 24
Toll Free: (888) 372-2437



Tri-State CAMP
Fort Scott Community College
2108 S. Horton St.
Fort Scott, KS 66701



Email: lynnew@fortscott.edu
Fax: (620) 768-2917

Tri-State College Assistance Program is 100% funded by the U.S. Department of Education and the Office of Migrant Education. The 2011-2012 grant award is \$424,532.

Updated 12/20/2011

Tri-State CAMP College Assistance Migrant Program

Confidential CAMP Award Recommendation

***To the Student:** Please fill out the top part of this form and give it to a teacher, counselor, or school administrator who knows you well academically (e.g. your English, math, or science teacher.)

Name of Student: _____ Student's Phone Number: _____

High School: _____

***To the Evaluator:** Complete the form and mail it directly to the CAMP office:

Tri-State College Assistance Migrant Program
Fort Scott Community College
2108 S. Horton St.
Fort Scott, KS 66701

Name of Evaluator: _____ Telephone _____

Subjects Taught: _____ Student's GPA: _____

School District: _____
Street Address City, State Zip Code

Academic Preparation

What is this student's **college level preparation** in Mathematics, Reading, Writing, and Study Skills?

Please comment on **personal qualities** of this student, such as self-discipline, initiative, enthusiasm, and consistency.

What are your observations of this student's **classroom behavior**?

What is this student's **likelihood of success in college**? Why?

Other than financial resources, what would prevent this student from succeeding in college?

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Tri-State CAMP College Assistance Migrant Program

Worker Verification Form

If you have not had a Certificate of Eligibility (COE) with your State Migrant Education Program, please verify farm work with one of the following:

1. Copies of W-2's and the completed form below (no signature needed) or;
2. Copies of check stubs and the completed form below (no signature needed) or;
3. Form below completed AND signed by employer

Dear Employer,

The following student, _____, has applied for the Tri-State College Assistance Migrant Program. In order to be eligible for this award the student must be a migrant or seasonal worker or the dependent of a migrant or seasonal worker. The purpose of this form is for you to verify that either the student or a parent has been employed by you as a farmworker within the last two years. For the purpose of this program, the farm work may include any activity directly related to the production of crops, dairy products, poultry or livestock; or the cultivation or harvesting of trees; or any activity directly related to fish farms. This farm work includes work performed for either wages or personal subsistence on a farm, ranch, or similar establishment.

Please complete all of the information as shown in the example below

Name of Employee	Type of Farm Work	Date Started Month/Year	Date Ended Month/Year	Total Days
Example: Juan Martinez	Potato harvest, hoeing beets, feeding cattle, harvest corn	03/01/2009	11/10/2009	163

Employer's Name/Company: _____

Mailing Address: _____

Phone: _____

Signature of Employer/Supervisor

Date

Signature of Employer/Supervisor

Date

Signature of Employer/Supervisor

Date

