

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 applicants will be admitted per year. Students are based on eligibility, placement scores and an interview evaluation
- For any questions regarding the College Assitant Migrant program please call Ambrosio Rodriguez or Tammy Molinar-LeBlanc at (303) 857-4022 ext. 4317

### 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? \_\_\_\_\_

Who referred you? \_\_\_\_\_ 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

**[Redacted Section]**

**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 \_\_\_\_\_

- HEP Graduate
- WIA
- MEP
- Agricultural Work
- Other