

Student Name : _____

College Assistance Migrant Program • Aims Community College
260 College Ave • Ft. Lupton, CO 80621 • 303-718-5908



BUENO-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:
BUENO-CAMP
Aims Community College
260 College Ave.
Ft. Lupton, CO 80621
- Applications will be reviewed on a first come first serve basis. ONLY thirty-five applicants will be admitted per year. Students will be selected based on eligibility, placement scores and an interview evaluation.
- For any questions regarding the College Assistance Migrant program please call Robert Garcia at 303-718-5908 or email: robert.garcia@colorado.edu

Applicant Checklist:

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

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: _____
(Qualifying students must be eligible U.S. citizens or permanent residents, Deferred Action students are ineligible)

Citizenship Status (check one): U.S. Citizen Permanent Resident Deferred Action Other

Email Address: _____

Age: _____ Birth Date: _____ Male Female

ETHNICITY

Latino Native American African American Asian Anglo Other _____

MARITAL STATUS

Single Married Separated Divorced Widowed No. of Dependents/Children _____

EMPLOYMENT

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

FAMILY INFORMATION

Currently residing with: Parents Spouse Other _____ Family size _____

Guardians' name: _____ Mother's maiden name: _____

Do you or your family receive any of the following public assistance (check all that apply):

Medicaid Section 8 Housing WIC SNAP (Food Stamps) Free/Reduced Lunch

LEAP (low income energy assistance) Child Support Services Medicare TANF/CW

Other: _____

ACADEMIC BACKGROUND

Were you ever placed in the following education programs in school (check all that apply):

Bilingual/ESL courses Special Education Other: _____

Did you have an IEP (Individualized Education Plan): Yes No

CAMP SERVICE DELIVERY INFORMATION

Why did you apply to CAMP? _____

Diploma (circle one): GED or H.S. Diploma

Name of school or agency where completed _____ Date Completed _____

How did you find out about the CAMP program? _____

Do you have access to a means of transportation to commute to and from class? Yes No

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? Yes No

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 requirements? YES _____ NO _____

_____ Date _____

(Program Director/Coodinator)

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