

# CAMP

## College Assistance Migrant Program

### Support Services:

CAMP scholarship  
Academic advising  
Tutoring  
Academic/enrichment workshops  
Cultural educational events  
CAMP computer lab/printing



Apply Online

### Eligibility

To qualify for the College Assistance Migrant Program, student must meet the following requirements:

- Be a citizen or legal permanent resident of the U.S.
- Submit a FAFSA and/or demonstrate financial need
- Be accepted to Idaho State University and enroll in the Pocatello campus
- Be a first-year student (no previous college enrollment), excluding dual enrollment
- Be pursuing a four-year degree (College of Technology programs do not qualify)

In addition, student must meet one of the following:

- A student who has participated, or is currently participating in the Migrant Education Program (MEP) K - 12.
- Qualified or are eligible to qualify for the Workforce Innovation and Opportunity Act, Section 167 (WIOA-167)
- Students who themselves, or someone in their immediate family has worked as a migrant or seasonal farm worker in the areas of agriculture,

### Application Checklist

Program has limited availability. To complete the application process make sure to have completed the following:

- Complete the attached application in its entirety
- Complete the personal essay
- Parent signature
- High school transcript
- Teacher evaluation form
- Proof of eligibility
- FASFA Completion page



# CAMP Application Student Information

This page is to be filled out accurately by the student applying for the College Assistance Migrant Program. Please use black or blue ink to fill out the form. If you have any questions please do not hesitate to reach out to Lilian Fonesca via email at [lilianfonesca@isu.edu](mailto:lilianfonesca@isu.edu) or by phone or via text at 208-269-5523.

**Student Information** Use only Blue or Black ink, no pencil.

Legal First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Legal Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender Identity (select one)  Male  Female  Other (Please Specify) \_\_\_\_\_

**Contact Information**

Permanent Mailing Address \_\_\_\_\_

Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Primary Email \_\_\_\_\_ Student Secondary Email \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Student Home Phone \_\_\_\_\_

**Citizenship Information (select one)**

- U.S Citizen
- Permanent Resident  
If born outside the U.S., please specify which country \_\_\_\_\_

**Ethnicity/Race**

Please select ethnicity/race

- American Indian/Alaskan Native  Black/African American  Asian
- Native Hawaiian/Pacific Islander  White/Caucasian  Hispanic/Latino

**High School Information**

Graduating High School \_\_\_\_\_

When will/did you graduate from high school or complete your GED? \_\_\_\_\_

What is your current GPA? \_\_\_\_\_

**College Information**

Have you been accepted into ISU to study on the Pocatello campus?  Yes  No

Have you taken college credit courses elsewhere?  Yes  No

If yes, how many credit have you earned? \_\_\_\_\_

Note: If you have recieved credit with a college or university, you will need to provide an official transcript to ISU

What is your intended major? \_\_\_\_\_

Are you interested in entering ISU Bengal Bridge Program?  Yes  No  More information please

Do you plan to live on campus?  Yes  No

Are you eligible to recieve federal financial aid (FAFSA) or pell grant?  Yes  No

Will you be pursuing a four year degree?  Yes  No



# CAMP Application Eligibility and Certification

This page is to be filled out accurately by the student applying for the College Assistance Migrant Program. Please use black or blue ink to fill out the form. If you have any questions please do not hesitate to reach out to Lilian Fonesca via email at [lilianfonesca@isu.edu](mailto:lilianfonesca@isu.edu) or by phone or via text at 208-269-5523.

**Family Information** Use only Blue or Black ink, no pencil.

Guardian/Parent #1 First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Guardian/Parent #1 Cell/Home phone \_\_\_\_\_ Guardian/Parent #1 Email \_\_\_\_\_

Guardian/Parent #2 First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Guardian/Parent #2 Cell/Home phone \_\_\_\_\_ Guardian/Parent #2 Email \_\_\_\_\_

Guardian Mailing Address \_\_\_\_\_

Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Personal Essay**

In your own words, please type a one page essay telling us about your academic and career goals, yourself, your family background (including work history) and your experiences. Include information you think might help us to get to know you better. Please attach this essay to the application.

**Application Certification**

If you (the student) is under 24 years of age, a parent/guardian signature is required.

- I certify that all of the information contained in this application is true and complete to the best of our knowledge.
- I certify that the information provided concerning citizenship and eligibility is accurate.
- I understand that the completion of this application does not guarantee acceptance into ISU CAMP.
- I agree to observe all the rules and regulations of ISU and its CAMP program.
- I understand that failure to do so may result in my being terminated from the CAMP program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Release Certification**

This release form enables ISU CAMP to obtain necessary academic and personal information and records, including grade reports and transcripts, admission and enrollment, financial aid eligibility and awards, US residency status, demographic and contact information, for the purpose of determining eligibility, developing education plans, and recording and collecting program statistics. I authorize ISU CAMP to use information and images related to my program participation in newsletters, web pages, and other program-related publications. This information may be shared with the US Department of Education and Idaho State University and CAMP personnel in accordance with federal regulations and university policy. My signature below indicates that I hereby authorize the release of my academic and personal records to the College Assistance Migrant Program at Idaho State University for the purpose of serving my needs and meeting its federal regulations.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only.**

Personal Essay     HS Transcript     Parent Signature     Teacher Recommendation     Eligibility Documentation

Employment Verification Form

GPA (Transcript) \_\_\_\_\_ Major \_\_\_\_\_  COE

W10A-167

CAMP Advisor Initial \_\_\_\_\_ Date \_\_\_\_\_  4 year degree