

College Assistance Migrant Program (CAMP)

NORTHERN New Mexico College



Application Packet



Fall Semester Entry Priority Deadline March 1 Secondary Deadline July 15

Northern New Mexico College

College Assistance Migrant Program

921 Paseo De Oñate St., Española, NM 87532

(505) 747-5496 | brandon.alire@nnmc.edu

College Assistance Migrant Program
Northern New Mexico College | 921 N. Paseo de Oñate | Española, NM 87532
Brandon Alire 505-423-5419 / Stephanie Vigil-Roybal, Director (505) 747.5494

NNMC CAMP APPLICATION CHECKLIST

The following items must be included in the application packet for consideration to **NNMC College Assistance Migrant Program**:

1. Completed and signed Application Form. See page 3
2. Completed and signed **Migrant / Seasonal Farm Worker Employment Verification Form**. Please have your employer sign and confirm your paid days worked. MEP students: please have your (COE) signed by your MEP coordinator at the high school.
- 4.3. **Must be admitted as a Degree Seeking Student at Northern.**
 - A copy of final High School, HiSet, and GED Transcripts
 - A copy of ACT/SAT or Accuplacer Test Scores
- 5.4. Application deadline: **Priority Deadline March 1, Secondary Deadline July 15. One-time entry Fall Semester.**
- 6.5. Application for Financial Aid for NNMC must be done and confirmation page must be attached.

Please mail or hand deliver your CAMP Application to:

Northern New Mexico College CAMP
921 N. Paseo De Oñate
Joseph Montoya Administration Bldg., AD 270 Española, NM 87532

If you have any questions, please contact: Brandon Alire- 505-423-5419/brandon.alire@nnmc.edu

NNMC CAMP APPLICATION

PERSONAL INFORMATION

Last Name	First Name	Middle Initial
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Female Male **Date of Birth** ____/____/____ **SS#:** ____/____/____

PHYSICAL ADDRESS	STREET OR BOX NO.	CITY	STATE	ZIP
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MAILING ADDRESS	STREET OR BOX NO.	CITY	STATE	ZIP
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Cell: (____) _____ **Other Phone:** (____) _____

Email: _____

Current High School: _____

GED Center: _____

QUALIFYING INFORMATION

1. Have you, your parents, guardian, siblings or spouse been employed for wages in agricultural related work for 75 days in the past 2 years? **YES or NO**
2. Within the last 12 months, have you graduated from a High School Equivalency Program? **YES or NO** If yes, which HEP Center? _____
3. Have you recently been enrolled in Title 1, Migrant Education Program? **YES or NO**
4. Have you qualified for the Workforce Investment Act Section 167 NFTA)? **YES or NO**
5. Have either of your parents received a 4-year college degree? **YES or NO**
6. Have you completed the FAFSA? **YES NO**
Are you eligible to receive financial aid? **YES or NO**
7. Do you have any dependents? **YES or NO** How many? _____ Do they live with you? **YES or NO**
8. Have you been or are currently enrolled in English as Second Language (ESL) classes or were you ever classified as an English Language Learner (ELL)? **YES or NO**

9. Have you ever needed additional Support Services; for example, medical, mental health, physical, or learning support? **YES or NO**
10. Did you graduate from high school? **YES or NO**
Name of High School _____
11. Did you graduate from Adult Education? **YES or NO**
Name of AE Center _____
12. Have you taken any Dual Credit Classes? **YES or NO** How many credits did you complete_____?
13. NNMC CAMP is requiring new students to participate in the 6-week NNMC Summer Bridge Program to enhance your academic readiness. Will you be willing to participate.? **YES or NO**

CAMP SERVICES PROVIDED Please circle as many as you feel you are interested in

- | | | |
|---|---|--|
| <input type="checkbox"/> Tutoring/Study Skills | <input type="checkbox"/> Cultural Enrichment | <input type="checkbox"/> Computer Laptop Loan |
| <input type="checkbox"/> Student Mentor Program | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Computer Labs/Printing |
| <input type="checkbox"/> Student Support | <input type="checkbox"/> Faculty Mentor Program | <input type="checkbox"/> Individual Educational Advisement |

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name	Relationship to you	Contact Number
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I certify that all the information is correct to the best of my knowledge. By providing my signature I give NNMC CAMP Staff permission to access my educational records, which includes my records from MEP, HEP, ABE, High School and NNMC Admissions/Financial Aid and other Colleges.

Signature: _____

Date: _____

***** For digital/onscreen form-filling, first finish onscreen, save file, print out, and sign above. *****

CAMP VERIFICATION FORM

Students may qualify for CAMP based on history of agricultural related work such as **Migrant or Seasonal Farm Work for wages 75 days in the past 24 months** that was performed by the student, parent(s), legal guardian, sibling or spouse, **OR** have a history of enrollment or current participation in the Title 1 Migrant Education Program **OR** attended the High School Equivalency Program within the past **12** months, or have completed the HiSet/GED.

STUDENT NAME: _____

SECTION A: VERIFICATION OF MIGRANT EDUCATION STATUS/HIGH SCHOOL EQUIVALENCY PROGRAM Title 1 Migrant Education Program (MEP) **OR** High School Equivalency Program (HEP)

Please check here: ___ I certify that the information provided is complete and accurate according to our records.

NAME OF MIGRANT EDUCATION / HEP REPRESENTATIVE	PHONE NUMBER
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ADDRESS: PO BOX/STREET	CITY	STATE	ZIP CODE
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SIGNATURE*	TITLE	DATE
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SECTION B: VERIFICATION OF MIGRANT OR SEASONAL FARMWORKER STATUS

I meet the eligibility requirement based on (family member who meets the Migrant/Seasonal Farm Worker Criteria)

___ Myself ___ Father ___ Mother ___ Legal Guardian ___ Sibling ___ Spouse

NAME OF QUALIFYING PERSON	SIGNATURE	DATE
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Type of Farm Work: _____

TOTAL DAYS WORKED IN PAST 2 YEARS: _____ DATES: Beginning ___/___/___ Ending ___/___/___

How was work paid? _____ Total \$ _____ Beginning ___/___/___ Ending ___/___/___

I certify that the information provided is completed and accurate according to our records

Name of Employer; _____ Address: _____

Contact Number: _____ Email: _____

Signature: * _____ Date: _____

***** For digital/onscreen form-filling, first finish onscreen, save file, then print out, and sign above. *****

FOR OFFICE USE ONLY:

Name of Verifier: _____ Date: _____

STAFF NOTES: