

# 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, 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.
- Students who themselves, or someone in their immediate family has worked as a migrant or seasonal farm worker in the areas of agriculture.
- Qualified or are eligible to qualify for the Workforce Innovation and Opportunity Act, Section 167 (WIOA-167)

## Application Checklist

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

- Complete the attached application in its entirety
- Parent signature
- Meet with CAMP Recruiter for assessment
- Write the personal essay
- High school transcript
- Teacher evaluation form
- Proof of eligibility
- FAFSA Submission Summary



# 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 contact Leslie Maldonado via email at [lesliemaldonado@isu.edu](mailto:lesliemaldonado@isu.edu) or by phone or text at **208-984-0948**.

**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 Cell 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? \_\_\_\_\_

Are you a TRIO or GearUp Participant?  Yes  No

**College Information**

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

Have you taken dual enrollment courses?  Yes  No

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

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 receive 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 contact Leslie Maldonado via email at [lesliemaldonado@isu.edu](mailto:lesliemaldonado@isu.edu) or by phone or text at 208-984-0948.

## 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 \_\_\_\_\_

## Taxable Household Income Information

0 - 29,500     29,501 - 45,000     45,501 - 60,000     60,001 - 75,000     75,501 or above

## 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

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