Northern New Mexico College College Assistance Migrant Program (CAMP)



What is CAMP?

The College Assistance Migrant Program (CAMP) provides supportive and retention services to First-Year College students from Migrant and Seasonal Farm Worker Families. CAMP works with Campus Faculty, Student Services and Community-based agencies to improve educational opportunities for CAMP students.

Services we provide:

- Academic skills assessment and program orientation
- Community and campus resource/events information
- Study and technology support
- Financial Aid filing assistance/follow-up
- Tuition and fees assistance award
- Book allowance to help cover up to \$500.00 of textbooks and supplies
- Student Stipends for completing CAMP student participation requirements
- Mentoring, tutoring, and career assistance
- Student activities; Cultural Events, Team Building, Student Family Meetings
- Meal Stipend
- Transportation Stipend
- Personal counseling referral

To be eligible to participate in CAMP students must:

- Be a US Citizen or US Legal Permanent Resident
- Be admitted to Northern New Mexico College as a Degree Seeking Student
- Be eligible to receive Federal Financial Aid (Pell Grant) Students must also meet **ONE** of the following requirements:
 - The student, or their immediate family member living in the same household must have spent a minimum of 75 days during the past 24 months as a Migrant or Seasonal Farmworker employed for wages in any agricultural activity related to crops, dairy products, poultry, livestock, fish farms, or tree cultivation/harvesting.
 - 2. The student must have participated or been eligible to participate in a **Migrant** Education Program or Migrant & Seasonal Farmworker Programs of the Workforce Innovation & Opportunity Act.

How do I apply?

• Complete CAMP Application Packet. Application can be found under the Community Tab on NNMC Webpage, <u>http://nnmc.edu/wp-content/uploads/CAMP-Application-Packet</u> or for a copy of the application or any questions regarding NNMC CAMP please contact:

College Assistance Migrant Program (CAMP) Northern New Mexico College | 921 N. Paseo de Onate | Española, NM 87532 CAMP Office (505) 747.5493 | (505) 901-1778 email: CAMP@NNMC.EDU

CAMP ELIGILBITY CRITERIA and QUALIFYING WORK

PRODUCTION OF CROPS

Preparing land, Planting, Seeding, Irrigating, Fertilzing, Pruning, Weeding, Thinning Transplanting Harvesting and Picking

CULTIVATION/HARV ESTING OF TREES

Soil Preparation, Plowing, Fertilizing, Planting, Transplanting, Pruning or Timming Felling or Cutting In order to be eligible for services provided by the College Assistance Migrant Program (CAMP) under the guidelines established by the US Department of Education, a student or his/her immediate family member living in the household must have worked 75 days or more for wages within the last two years in agriculture as a seasonal or migrant farmworker.

PRODUCTION of MILK AND EGGS

Milking or operating milking machines, Gathering eggs, Cleaning and maintaining animal housing and administration of vaccinations or medicine

HARVESTING OF FISH Breeding, Stocking, Feeding, Collecting and Harvesting

POULTRY AND LIVESTOCK PRODUCTION

Herding, Handling, Feeding, Watering, Tending, Branding, Tagging. Breeding and Raising

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Application Packet



Fall Semester Entry Priority Deadline March 1 Secondary Deadline July 15

Northern New Mexico College College Assistance Migrant Program 921 N. Paseo De Oñate St., Española, NM 87532 (505) 747-5493

1

NNMC CAMP APPLICATION CHECKLIST

The following items must be included in the application packet for consideration to the **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.
- Must be admitted as a Degree Seeking Student at Northern.
 Include both:

 A copy of final High School, HiSet, and GED Transcripts
 - A copy of ACT/SAT or Accuplacer Test Scores
- 4. Application deadline: Priority Deadline March 1, Secondary Deadline July 15. One-timntry Fall Semester.
- 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, New Mexico 87532

If you have any questions, please contact: CAMP Office (505) 747-5493 or (505) 901-1778

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NNMC CAMP APPLICATION

PERSONAL INFORMATION

Last Name	First Name		Middle Initial
Female Male Date of Birth	n//	SS#:	_//
PHYSICAL ADDRESS STREET OR BOX NO.	CITY	STATE	ZIP
MAILING ADDRESS STREET OR BOX NO.	CITY	STATE	ZIP
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. Have you recently been enrolled in Title 1, Migrant Education Program? YES or NO
- 3. Have you qualified for the Workforce Investment Act Section (167 NFTA)? YES or NO
- 4. Have either of your parents received a 4-year college degree? YES or NO
- 5. Have you completed the FAFSA? YES NO Are you eligible to receive financial aid? YES or NO
- 6. Do you have any dependents? YES or NO How many? _____ Do they live with you? YES or NO
- **7.** 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**
- 8. Have you ever needed additional Support Services; for example, medical, mental health, physical, or learning support? YES or NO

College Assistance Migrant Program Northern New Mexico College | 921 N. Paseo de Onate | Española, NM 87532 CAMP Office (505) 747.5493 | (505) 901-1778 **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 hi			
If YES, Name of High Scho	loc		
If NO, Please explain:			_
11. Have you taken any Dual did you complete	Credit Classes? YES or NO Ho ?	w many credits	
	new students to participate in ogram to enhance your acade ticipate? YES or NO		
CAMP SERVICES PROVIDE	ED Please circle as many as ye	ou feel you are interested in	
 Tutoring/Study Skills Cultural Student Mentor Program Student Support 	 Enrichment Computer Financial Assistance Individual Educ. Advisement 	 Laptop Loan Computer Labs/Printing Faculty/Staff/Community Mentor F 	Program
EMERGENCY CONTACT IN	IFORMATION:		

Emergency Contact Name	Relationship to you	Contact Number

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. ***

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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 PRESENTATIVE
 PHONE NUMBER

 ADDRESS: PO BOX/STREET
 CITY
 STATE
 ZIP CODE

 SIGNATURE*
 TITLE
 DATE

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 GuardianSibling	_ Spouse			
	CICNATURE	DATE			
NAME OF QUALIFYING PERSON	SIGNATURE	DATE			
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; Add	dress:				
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:	