

WHCCD CAMP

West Hills Community College District
College Assistance Migrant Program
Admission Application



Student Name: _____

Student ID: _____

Student Contact Number: _____

Student Email: _____

Date Applied: _____

Campus Attending: _____

West Hills Community College District
9900 Cody Street
Coalinga, CA 93210
1-800-266-1114
www.westhillscollge.com

**Javier Cazares
WHCCD CAMP
9900 Cody Street
Coalinga, CA 93210**

**Office: (559) 934-2176
Email: javiercazares@whccd.edu**

CAMP PROGRAM CONTRACT AGREEMENT

I certify that the information given on this application is true and complete to the best of my knowledge. If admitted to WHCCD CAMP, I agree to observe all the rules and regulations of WHCCD CAMP and WHCCD. Failure to do so could result in the dismissal from WHCCD CAMP

Print Name Exactly as listed on High School Transcript or HSE Certificate: _____

Signature of Applicant: _____

Date: _____

Permanent Resident or US Citizen: _____

Adult T-Shirt Size: _____

Name and address of 3 people with whom we may leave a message if you cannot be reached. Must reside outside of household.

Name: _____

Address: _____

Phone Number: _____

Relationship to you: _____

Name: _____

Address: _____

Phone Number: _____

Relationship to you: _____

Name: _____

Address: _____

Phone Number: _____

Relationship to you: _____

Submit complete and accurate application to:

West Hills College Coalinga: [Domenica Sanchez/559-934-2174/domenicasanchez@whccd.edu](mailto:DomenicaSanchez@whccd.edu)

West Hills College Lemoore: [Lupe Banales/559-925-3691/lupebanales@whccd.edu](mailto:LupeBanales@whccd.edu)

West Hills College NDC: [Olivia Vega/559-934-2981/oliviavega2@whccd.edu](mailto:OliviaVega2@whccd.edu)

**** IMPORTANT: We have limited spaces. Early application is strongly encouraged.**

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Gender	Date of Birth (MM/DD/YY)
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Mailing Address (Number & Street):	Telephone Home/Cell:
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City	State	Zip Code
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Term you wish to Enroll: Fall (August) 20 ___ Spring (January) 20 ___ Summer (June) 20 ___

American College Test (ACT) Score (1-36) _____ Scholastic Aptitude Test (SAT) (Score 1-2400 or 1-1600) _____

Expected Major(s) _____ / _____

Who referred you to WHCCD CAMP?
 ___ CAMP Student ___ Parent ___ Friend ___ Counselor ___ Outreach Event ___ Teacher ___ Employer ___ Service Agency ___ Other:
 (Please list name) _____

Have you completed any college semester units? College/Universities Attended _____

Yes ___ No ___ Units Completed _____ College/Universities Attended _____

EDUCATION	High School Graduation Date: _____
High School(s) Attended: _____	High School A-G GPA: _____
_____	_____

Do you have reliable transportation Yes ___ No ___ Do you have any impediments attending/completing classes? Yes ___ No ___

List impediments : _____

Has anyone in your household attended college? Yes ___ No ___ Who attended/Which college: _____

Did they graduate from college? Yes ___ No ___ Which college? _____

Are you currently employed? Yes ___ No ___ If yes, where, what is your schedule.

Number of people in your household: _____ Estimated total household annual income: _____

How are you paying for college? _____ Where will you live? _____

Do you wear glasses? Yes ___ No ___ Date of Last Exam _____ Name of Doctor _____

Needs Assessment Evaluation Score _____ Minimum Score of 10 required for consideration.

Selection Criteria Assessment Rubric		
Is CAMP participant:	YES	NO
Home Owner		
Renter		
Renter With Multiple Families		
Low-income - Based on Federal Guidelines		
Receiving services from WHCCD CAMP only		
Receiving Services From Other Program		
Receiving Services From Multiple Programs		
Placement Score Remedial or below		
Migrant Ed Program (MEP) participant		
BOGG/Pell Grant Recipient		

CAMP Eligibility Verification

WHCCD CAMP ELIGIBILITY

To be eligible to participate in CAMP, a person, or his or her parents, or immediate family member must have spent a minimum of 75 days during the past 24 months as a migrant or seasonal farmworker; or the person must have participated, or be eligible to participate under Migrant Education Programs or Employment and Training Administration, Department of Labor-Migrant and Seasonal Farmworker Programs.

A **Migrant Farmworker** means a seasonal farmworker whose employment required travel that prevented him from him or her from returning to his home within the same day.

A **Seasonal Farmworker** is a person who, within the past 24 months, was employed for at least 75 days in farmwork and whose primary employment was in a farmwork on a temporary or seasonal basis (that is, not a constant year-round activity).

In order to determine your seasonal /migrant farmworker status or Migrant Education Program (MEP) eligibility, you must answer all of the following questions:

1. Have you/spouse been employed in farmwork for at least 75 days within the last 24 months and the work is primarily farmwork on a temporary or seasonal basis?

YES NO

2. Have your parent(s) or any immediate family member been employed in farmwork for at least 75 days within the last 24 months and the work is primarily farmwork on a temporary or seasonal basis?

YES NO

3. Have you participated in a Migrant Education Program (MEP) ?

YES NO

COE Number: _____

Expiration Date: _____

Verified By: _____

Federal Poverty Guidelines	
PERSONS IN HOUSEHOLD	POVERTY GUIDELINE
1	\$11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890

Please select the type of farm-work/agricultural activity that you or your immediate family member have performed during the past 24 months:

Type of Agricultural work performed

- Crops/Fields
 Dairy Products
 Ranching
 Fish Farming
 Tree Farming
 Poultry/Livestock
 Forestry
 Other _____

Name of person completing the work: _____

Job Duties and Responsibilities: _____

Employer Verification—CAMP Staff Only				
Name of Farm/employer on Check Stub/ W2 / Etc	Name of Employer Representative Contacted	Date	Number of Days Verified	CAMP Staff Signature

